**Referral Form for**

**Young Carers aged 8 - 16**





**Guidelines for completion**

Children and young people who are thought to have a caring role can be referred to Carers Link East Dunbartonshire.

This form is primarily for those aged 8-16 years of age; however it can also be used for any young person up to the age of 18.

The following criteria for initial referral include:

* The parent/guardian of the young carer (if under 16) should have knowledge of and consented to the referral before details are passed on to us. If consent is not possible or advisable, please explain why.
* The young carer must reside or go to school in East Dunbartonshire
* The person who is being cared for can be a parent/sibling/other relative who presents with an illness or disability which limits their ability to carry out day to day activities.
* The young carer being referred must be seen as *having a* *direct caring role*or *are significantly affected by a caring role within the family.*

Please complete this form as fully as possible. There is space at the end of the form for additional information.

The information provided will not only allow us to confirm that the young person meets the referral criteria but will also help us prioritise referrals depending on the severity of the caring role and level of need.

**Please send to:**

**Email:** amrit@carerslink.org.uk

**or**

**Post to:** Linked Up, Carers Link East Dunbartonshire, Milngavie Enterprise Centre,

Ellangowan Road, Milngavie, G62 8PH

**Referral Information**

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| Name of Referrer: |
| Job Title: |
| Organisation/Agency: |
| Address:Tel. No:Email: |
| In order for the referral to be processed, a parent or guardian should have provided consent. [ ]  Over 16, consent not required[ ]  Under 16 but need for support outweighs possibility of consent[ ]  Under 16 and consent given by: *(please give name and relationship)* |

**Young Carer Details**

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| Name: |
| Date of Birth: | Gender: |
| Address:Postcode: |
| Home Tel. No. | Young Carer’s Mobile No. |
| Young Carer’s Email Address: |
| School: | Contact person at school / named person: |

**Parent/Guardian’s Details**

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| Name: |
| Relationship to Young Carer: |
| Address (if different to Young Carer): |
| Home Tel. No. | Mobile No. |
| Parent/Guardian email: |

**Who does the Young Person care for?**

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| Name: | Date of Birth: |
| Relationship to Young Carer: |
| Reason for requiring care/nature of the illness (please select appropriately):  |
| *Autism/Asperger’s* | *Learning Disability* | *Physical Disability* | *Long term illness* |
| *Mental Health Issues* | *Stroke* | *Dementia / Alzheimer’s Disease* | *Substance or Alcohol Misuse* |
| Other (please specify):  |
| Does the care recipient currently receive support from other agencies/services? If yes, please specify: |

**About the situation**

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| Type of support provided by the young carer (please highlight all that apply): |
| **Domestic help**  |
| *Shopping* | *Cooking* | *Cleaning* |
| *Filling out forms/ help with finances* | *Looking after siblings* | *Other (please specify)* |
| **Practical help** |
| *Monitoring* | *Giving/prompting medication* | *Attending appointments* |
| *Helping someone communicate* | *Helping someone eat/drink* | *Other (please specify)* |
| **Personal care**  |
| *Help bathing* | *Help to get dressed* | *Help with toileting* |
| *Help to move around* | *Other (please specify):* |  |
| **Emotional support**  |
| *Worrying about the person* | *Checking up on them* | *Listening to them when they’re upset* |
| *Emotional support* | *Other (please specify):* |  |

**Identified Needs of the Young Carer**

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| Does their caring role have an impact on or affect any of the following? (Please highlight all that apply): |
| *Safety* | *Health* | *School/Education*  | *Emotional Wellbeing* |
| *Physical fitness* | *Relationships* | *Behaviour* | *Social Inclusion* |
| Are there any child protection concerns/risks/surrounding issues that we should be aware of? |
| Does the young carer receive any help, support or attend activities from other services/agencies? If yes, please give details:  |
| Does the young carer have any disabilities, health conditions, communications needs of their own? If yes, please specify: |
| What outcome would you like to see for the Young Carer as a result of this referral? What outcome does the Young Carer want from being involved with Carers Link? |

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| Please use this space to provide any additional information relating to the young person’s caring role, reason for referral etc. |

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| Signature of Referrer: |
| Date: |