



Y sort it Young Carer Service



Referral Form for Professional

**Please complete a separate form for each person you are referring to us.
We are unable to process your referral until this form has been returned**

SECTION 1 - DETAILS OF YOUNG PERSON	
Name of Young Person:	Name of Parent/Guardian:
Date of Birth: Age:	Date of Birth: Age:
Gender: Ethnic Origin:	Gender: Ethnic Origin:
Young Persons Address & Postcode:	Parent/Guardians Address & Postcode:
Mobile:	Mobile:
Email:	Email:
SECTION 2 – ADDITIONAL SUPPORT	
Does the Young Person have a Social Worker or Support Worker? If YES please give details:	YES / NO
Is the Young Person Care Experienced with any of the following support in place? LAAC / Child Protection Register / Supervision Order / Foster Care / Kinship Care. If YES please give brief detail:	
SECTION 3 - INFORMATION ABOUT THE YOUNG PERSON'S EDUCATION	
School: Class:	Pastoral Care Teacher: Attendance %:
Are the School / College or University aware that the young person is a potential Young Carer? If YES has this referral been recorded on their Personnel File (SEEMiS)	YES / NO
Does their caring role have an effect their Education? If YES , please provide details:	YES / NO
Does the young person currently receive any other Additional Support in or out of school? If YES , please provide details:	YES / NO
Does the young person currently attend any other groups? Either before, during or after school If YES , please provide details:	YES / NO
Any other comments or information that you think may be relevant? E.g. family issues, cultural/religious, behavioural, bullying, attendance.	

SECTION 4 - DETAILS OF WHO IS BEING CARED FOR
Please provide Cared for person/s including Contact Information

Name Main person being cared for:	Name Additional Person(s) being cared for:
Relationship to Young Person:	Relationship to Young Person:
Carers No:	Carers No:
Date of Birth:	Date of Birth:
Gender: Ethnic Origin:	Gender: Ethnic Origin:
Address & Postcode: Mobile: Email:	Address (if different from above) Mobile: Email:
Nature of Illness/Disability;	Nature of Illness/Disability;

SECTION 5 - INFORMATION ABOUT THE YOUNG PERSON'S CARING ROLE

Please state any **RISK FACTORS** we should be aware of i.e.; Respite / 1-2-1 Support / Home Visits.

Is the young person the main carer for the person(s) detailed in above? YES / NO
If **No**, who else at home is also a Carer?
Name(s);
What is their Relationship(s) to the young person?

Does the young person have additional responsibilities to look after siblings? YES / NO
If **YES**, please provide details:

What does the young person's caring role involve? E.g. personal care, moving/handling, emotional support, medication etc.

What impact does the young person's caring role have on them, and how well are they currently coping with it?
Please provide details:

Do you feel that the young person would benefit from another service within our organisation other than the Young Carers Service e.g. befriending / mentoring / street bikes / youth clubs
Please give details:

SECTION 5- YOUNG CARERS SUPPORT SERVICE 10yrs – 25yrs

Please indicate which area of support you think this young person would benefit from

Young Carers Programme 10 – 14yrs	Young Adult Carers Support 15+ - 18yrs
Young Carers Statement	Young Carers Statement – Transition Review
Youth Groups / Clubs	Thursday YAC 15+ Youth Group
Respite, Short Breaks inc Holiday Programme	Respite, Short Breaks inc Holiday Programme
Targeted 1-2-1 Support	Targeted 1-2-1 Support
Learning & Development Opportunities	Learning, Development, Training Opportunities
Money Advice, Carers Grant or Hardship Fund	Money Advice, Carers Grant or Hardship Fund
Family Support	Family Support

SECTION 6 - REFERRER DETAILS

Referrers Name:	Date of Referral:
Organisation:	Job Title:
Contact Tel No:	Email Address:

SECTION 7- DATA PROTECTION (For Parents & Young person)

Has the Young Person, together with his/her parent/guardian, given their consent for you to provide their details and refer them to our organisation for possible service input?

YES / NO

**This information will be kept safe & secure on paper & computer. Access to this file will only be;
Y Sort It Manager & Young Carers Support Staff only.**

You and your child / young person can see the information we hold about them at any time.

The information will not be shared externally without seeking permission, unless there is mitigating circumstances.

Please tick as appropriate:

I **Give** permission for this information to be stored on both paper & computer:

I **Do Not** give my permission for this information to be stored on paper & computer:

The above information I have given is up to date and correct, and I hereby give permission for my child / young person above to attend & participate in Y Sort It Service.

Parent / Guardian Name:

Date:

Young Persons Name:

Date:

Please take the time to check all areas are completed as this reduces the length of time significantly from referral to the young person being assessment and supported.

Thank You.

Y sort it
Young Carers Service

5 West Thompson
Street, Kilbowie Road,
Clydebank
G81 3EA

Tel No: 01419413308

Mobile No: 07598056811

Email: info@ysortit.com Website: www.ysortit.com

Office use only

Referral Taken & Processed By:	Date:
Young Carers Statement Carried Out By:	Date:
<i>Y SORT IT YOUNG CARERS ID No:</i>	

**THIS FORM WILL BE DESTROYED / DELETED AFTER 12 MONTHS TO COMPLY WITH GDPR
ALL YOUNG PEOPLE WILL BE ASKED TO RE-REGISTER EVERY 12 MONTHS USING A
YOUNG CARERS REFRESHER FORM**