**Quarriers Carer Support Service (Moray)**

**Young Carer Referral Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **The Young Person:** | **Yes** | **No** |  | **The young person cares for someone with :** | Please tick all that apply |
| Is under 18 years old |  |  |  | A physical disability (including sensory impairment |  |
| Lives in Moray  |  |  |  | A learning disability |  |
| Is aware of the referral |  |  |  | A long term health condition |  |
| Parent/Guardian aware of referral |  |  |  | A mental health issue |  |
| If young person or family not aware of referral, please explain: |  | A terminal illness |  |
| Alcohol or substance use issue |  |
| Other: please explain |
| **Please tick yes or no to the following questions**  | **Yes** | **No** |  | **The young person’s caring role has a direct impact upon, or affects:** | Please tick all that apply |
| Does the young carer have an ongoing caring role for someone in their family? |  |  |  | Safety |  |
|  | Emotional health and wellbeing |  |
| Are they the primary carer? |  |  |  | Physical health and wellbeing |  |
| Do they care for a parent or guardian? |  |  |  | Peer relationships |  |
| Do they care for a sibling? |  |  |  | Family relationships |  |
| Do they care for more than one person? |  |  |  | Achievement and attainment levels |  |
| Do they live in a single parent household?  |  |  |  | Ability to engage in activities |  |
| Other (please specify): |  |
| Please provide further details on nature of caring role and reason for referral: |

|  |
| --- |
| **Young Carer’s Details** |
| Name: | D.O.B.: | Gender: | Ethnic origin: Preferred language:  |
| Address:Postcode: | Contacts: House Tel. No.Mobile:(*Please tick best one to use*) |
| School attended: | Name of school contact: |
| Does the young carer have any disabilities, illnesses/ communication needs? **YES/NO**If **YES**, Please state: |
| Armed forces family member (includes regular/reserve forces: | **YES/NO** | Veteran’s family member: | **YES/NO** |
| **Home Details** |
| Others at home/ family structure: |
| Does the family recognise that this young person is a young carer? **YES/NO** |
| Is the young person on the child protection register? **YES/NO** |
| Please detail known risks to personal safety relevant to the worker who will contact/visit the family:  |
| **Cared For details** (only provide personal details if cared for consent is given) |
| Name: | Contacts: House Tel. No.Mobile:Email:*(Please tick best one to use)* |
| Address (if different):Postcode: |
| Relationship to young carer: |
| What agencies/supports are in place for the cared for? |
| Why is the person being cared for? (Please give information on their condition, how it affects them, is it stable or variable and what they need support with, etc?) |

|  |
| --- |
| Any other relevant information in support of the referral? |
| **Referrer Details** |
| Name: | Organisation: |
| Address:Postcode: | Job title: |
| Tel. No.Email: |
| What support do you or your organisation currently provide to the young carer?  |

Referrer’s Signature: Date:

**Please return completed referral to:**

**Quarriers Carer support Service (Moray), 44 High St, Elgin, Moray, IV30 1BU**

**carersmoray@quarriers.org.uk** **01343 556031**