**Quarriers Carer Support Service (Moray)**

**Young Carer Referral Form**

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| **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: | | | | | |

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| **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?) | | | | | | |

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| 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**](mailto:carersmoray@quarriers.org.uk) **01343 556031**