

**ANGUS YOUNG CARERS – REFERRAL FORM**

**PLEASE NOTE: YOUNG PERSON MUST BE AT LEAST 8 YEARS OLD TO BE REFERRED TO THIS SERVICE.**

**DATE OF REFERRAL:**

**DETAILS OF YOUNG CARER:**

**Name of School/College Attending: School/College year:**

**Named person:**

**Email: Tel. No:**

**Full Name: Gender:**

**Address: Date of Birth:**

**Town: Postcode:**

**Does the young person have any additional support needs? – provide as much information as possible**:

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| If the person being referred **is under 16, or under 18 and still living at home**, please provide the following details: |
| **Full name of parent/guardian:** **Home Tel. No.:** **Mobile:****Email:** In order for us to work effectively with the young person, we advise that you inform the Parent/Guardian. **Have you done so? YES/NO** |

**FAMILY DETAILS**

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| --- | --- | --- | --- | --- |
| Name: | Age: | Relationship: | Cared forYes/No | Employment/ School: |
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| **Cared for Condition/disability:** |
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**YOUNG PERSONS CARING ROLE (reason for referral)** Please give a brief description of the young person’s caring role (i.e. physical or emotional caring responsibilities)

**What would be the desired outcomes for the young person as a result of accessing the young carers service:**

**Details of other agencies involved with family**

Has the referrer visited the home? YES/NO

Has a risk assessment been carried out? YES/NO

Are there any reasons why a lone visit should not be undertaken? YES/NO

(If yes, please specify)

**REFERRER DETAILS**

Full Name: Agency:

Address:

Tel No: Mobile:

Email:

How long have you worked with the family?

What has been your input so far?

How much longer will you work with the family?

How did you hear about Angus Young Carers service?

**Signature: Date:**

**Please return to:**

**Angus Carers Centre**

**8 Grant Road**

**Arbroath**

**DD11 1JN**

**Email:** **enquiries@anguscarers.org.uk**