

## Young Carers & Young Adult Carers Project Referral Form

Please write clearly and complete all fields

| YOUNG PERSON'S DETAILS   |  |                                    |                          |
|--|--|------------------------------------|--------------------------|
| <b>Title</b>   | Mr / Mrs / Master / Miss / Other: _____ (please specify)   |                                    |                          |
| <b>First Name</b>  |  |                                    |                          |
| <b>Surname</b>   |  |                                    |                          |
| <b>Date of birth</b> (DD/MM/YYYY)  |  |                                    |                          |
| <b>Address</b>   |  |                                    |                          |
| <b>Postcode</b>  |  |                                    |                          |
| <b>Home Telephone</b>  |  | <b>Mobile Number</b>               |                          |
| <b>Email Address</b>   |  |                                    |                          |
| <b>Ethnicity</b>   |  | <b>Religion</b>                    |                          |
| <b>First Language</b>  |  |                                    |                          |
| <b>Education / Employment</b>  | Attends School / Attends College / Attends Uni / Home Education / Full Time Employed / Part time Employed / Training / Other:<br>_____ |                                    |                          |
| <b>School/College/Uni Name</b>   |  |                                    |                          |
| <b>SEN Status</b>  | <b>Yes</b> <input type="checkbox"/>  | <b>No</b> <input type="checkbox"/> |                          |
| <b>Reason for Referral:</b> Please provide as much detail as possible.               |  |                                    |                          |
|  |  |                                    |                          |
| <b>Does the young person have a Child Protection or Child in Need Plan in place?</b> |  |                                    |                          |
| <b>Child Protection</b>  | <input type="checkbox"/>   | <b>Child in Need Plan</b>          | <input type="checkbox"/> |
| <b>If 'Yes', please give name and contact details of Social Worker:</b>              |  |                                    |                          |
| <b>Is the young person looked after? e.g. foster care</b>                            |  |                                    |                          |
| <b>Yes</b>   | <input type="checkbox"/>   | <b>No</b>                          | <input type="checkbox"/> |
| <b>Does the young person have a disability?</b>                                      |  |                                    |                          |
| <b>Yes</b>   | <input type="checkbox"/>   | <b>No</b>                          | <input type="checkbox"/> |
| <b>If 'Yes', please give details:</b>  |  |                                    |                          |
| <b>Are there any additional communication needs?</b>                                 |  |                                    |                          |
| <b>Yes</b>   | <input type="checkbox"/>   | <b>No</b>                          | <input type="checkbox"/> |
| <b>If 'Yes', please give details</b>   |  |                                    |                          |

| DETAILS OF PERSON(S) WITH CARE NEEDS |           |                              |               |           |
|--------------------------------------|-----------|------------------------------|---------------|-----------|
| Title (Mr, Mrs, etc)                 | Full Name | Relationship to Young Person | Date of Birth | Condition |
|                                      |           |                              |               |           |
|                                      |           |                              |               |           |
|                                      |           |                              |               |           |
|                                      |           |                              |               |           |

| FAMILY INFORMATION                        |                              |                             |               |
|---|------------------------------|-----------------------------|---------------|
| Mother/Guardian's Full Name               |                              |                             |               |
| Telephone/Mobile Number                   |                              |                             |               |
| Father/Guardian's Full Name               |                              |                             |               |
| Telephone/Mobile Number                   |                              |                             |               |
| Email Address                             |                              |                             |               |
| Other adults at home                      | Title (Mr, Mrs, etc)         | Full Name                   | Relationship  |
|   |                              |                             |               |
|   |                              |                             |               |
| Other children at home                    | Full Name                    |                             | Date of Birth |
|   |                              |                             |               |
|   |                              |                             |               |
|   |                              |                             |               |
| Extended family and their involvement     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |               |
| If 'Yes', please provide name and details | Title (Mr, Mrs, etc)         | Full Name                   | Relationship  |
|   |                              |                             |               |
|   |                              |                             |               |
| Does the family have access to transport? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |               |

| OTHER AGENCY INVOLVEMENT  |  |              |  |
|---|--|--------------|--|
| Agency Name   |  | Agency Name  |  |
| Contact Name  |  | Contact Name |  |
| Tel. Number   |  | Tel. Number  |  |
| If multiple agencies are involved, please provide details in Additional Information or on a separate sheet. |  |              |  |

| Is there any other information about the family which would be helpful to support this referral? (e.g. domestic violence, animals, etc.). Continue on further sheet if necessary. |
|---|
|   |

| REFERER'S DETAILS          |  |
|----------------------------|--|
| Full Name                  |  |
| Organisation               |  |
| Tel. No.                   |  |
| Email Address              |  |
| Referral Date              |  |
| How did you hear about us? |  |

**Consent for information sharing to support this referral**

- I/we understand the information that is recorded on this form and that it will be shared and used for the purpose of providing services to the child/young person.
- I/we give consent to the involvement of the identified Service.
- I/we am/are aware of this referral.

|   |       |       |
|---|-------|-------|
| Parent/ Guardian's Name<br>(if appropriate) | _____ | Date  |
| Signature of Parent/Carer                   | _____ | _____ |
| Young Person's Name<br>(if appropriate)     | _____ | Date  |
| Signature of Young Person                   | _____ | _____ |

Please return completed form to:

Email: [referYCYAC@carerstrustcambridgeshire.org](mailto:referYCYAC@carerstrustcambridgeshire.org)

OR

Post: YC/YAC Referral  
 Carers Trust Cambridgeshire  
 4 Meadow Park  
 Meadow Lane  
 St Ives  
 Cambridgeshire  
 PE27 4LG

**OFFICE USE ONLY:**

|                 |  |
|-----------------|--|
| Date received:  |  |
| Passed to:      |  |
| Collected Date: |  |

**Additional Information**