**Referral Form**

**About the young carer**

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| Name: | Date of Birth: |
| Address:  Postcode: | Home Phone Number:  Mobile Number:  Email: |
| School: | School Year: |
| School Contact | |
| Any Medical Problems: | Any Allergies: |
| Who is in my family? | |
| Name of Person being cared for: | |
| Relationship to person being cared for: | |
| Illness/disability of person being cared for: | |
| Is the young carer the Primary or Main carer? | |
| If no, who is the primary carer? | |
| Parent’s Name: | |
| Parent’s consent given to referral? Yes No | Young Carers Consent given to referral? Yes No |
| Who else is helping? eg. school, doctor, social worker? | |

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| Please tell us a bit about the young person you are referring. It would help us to know how their caring situation affects them and what help you think they need. |
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**Types of Care provided by young carer**

Providing general care Yes No

Please give details i.e. dressing, helping with mobility, interpreting, nursing tasks, shopping, cleaning, cooking etc

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Providing intimate Care Yes No

Please give details i.e. washing, bathing, toileting, etc.

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Providing childcare Yes No

Please give details i.e. helping to care for siblings

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Providing self care Yes No

Please give details i.e. washing own clothes, being responsible for getting up in the morning, cooking own meals

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Providing a watchful eye/emotional support to family member Yes No

If yes please give a brief explanation

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**Caring responsibilities – Please describe how caring impacts on the following areas of the child/young person’s life.**

Education

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Physical Health

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Emotional Wellbeing

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Behaviour/Behavioural Development

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Family and Social Relationships

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**Additional Information**

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Has a Young Carers Statement been offered? Yes/No

Has a Young Carers Statement been completed? Yes/No

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| --- | --- |
| **Referrer Details** | |
| Name: | Relationship to young carer: |
| Address: | Tel Number:  Email: |
| How long have you worked with the family?  How much longer will you be working with the family? | What has been your input so far? |
| Date completed: | How did you hear about ELYC? |

Please return this form to:

East Lothian Young Carers

Unit One

Cheviot House

Mill Wynd

Haddington EH41 4EX

Tel: 01620 826588

referrals@eastlothianyoungcarers.org