

Shropshire Young Carers Referral

Name of Young Person	
Gender	
Date of Birth	
Address	
Post code	
Parent/Guardian names	
Parent/Guardian contact numbers	
Parent/Guardian email address	
Preferred language	
Ethnic Origin	
School/college	
Average school attendance	
Known to School as Young Carer?	
Any special Educational Needs	
GP Details	
Known to GP as Young carers?	
Do they attend any social groups outside of school? E.g. Scouts, Guides, Cadets etc.	

Section A – Details of Person making the Referral

Name	
Job title (where applicable)	
Organisation	
Address	
Telephone number	
Email address	
Where did you hear about our services?	

Social Service involvement

Name of lead and Contact details		Early Help	
		C.I.N.	
		Child Protection Plan	

Additional information about the young person being referred

Refugee		Sensory: Hearing		Anger management	
Excluded		Other health related issues		Physical / mobility	
Homeless		Offending history		Learning disabilities	
Current ASBO		Substance misuse		Sensory: Vision	
Behaviour Issues		Sexualised behaviour		Diagnosed with Autism or Asperger Syndrome	

Who do they share their home with?

Name	Relationship to young person	D.O.B

Section B – Details of the Cared For

The cared for (1)

Name:			
Date of birth			
Relationship to the young carer			
Physical Disability		Terminal Illness	
Learning Disability		Mental Illness	
Alcohol Misuse		Physical Illness	
Drug Misuse			
What is their diagnosis?			
How does it affect them? <i>Paint a picture of how their condition effects them.</i>			

The cared for (2)

Name:			
Date of birth			
Relationship to the young carer			
Physical Disability		Terminal Illness	
Learning Disability		Mental Illness	
Alcohol Misuse		Physical Illness	
Drug Misuse			
What is their diagnosis?			
How does it affect them? <i>Paint a picture of how their condition effects them.</i>			

Section C – Type of care being given and its potential impacts.

<p>How do they provide care? Describe their typical day or the nature of their caring role.</p>	
<p>What is the impact of caring on the child/ young person? <i>Use the bullet points to help you explore possible impacts.</i></p>	
<p>Emotional impact</p> <ul style="list-style-type: none"> • Do they have 1:1 support? • How do they present? • Any issues with self-injury? 	
<p>Physical impact</p> <ul style="list-style-type: none"> • Any issues with sleep • Are they eating well or have issues with food? • Any headaches, stomach complaints? 	
<p>Social impact</p> <ul style="list-style-type: none"> • How well do they mix with other children? • Do they isolate themselves? • Are they able to bring friends home? 	
<p>Educational impact</p> <ul style="list-style-type: none"> • Is their attendance effected? • How do they mix with their peers in school? • Are there any impacts on attainment? 	
<p>Are there any identified risks of working with this young person? (behaviour, lone working)</p>	

<p>Should we be aware of any personal safety issues when visiting the home?</p> <p>Are there any safeguarding or significant family circumstances that we need to be aware of?</p>	
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<p>Please tick to confirm</p> <p>The young person is aware of the referral <input type="checkbox"/></p> <p>The parent is aware of the referral <input type="checkbox"/></p>		
Young Person Signature		Date
Parent Signature		Date
Referrer Signature		Date

Please return the completed form to:
 Shropshire Young Carers
 TBC
 Telephone Shropshire Carers Support on 01743 341995
 Or by email to: youngcarers@shropshire.gov.uk