

Cared for Conditions:

Condition

Name of School Attended:	School year:
Named person:	
Email:	Tel. No.:

Does the young person have any additional support needs? – provide as much information as possible.			
Young Person’s home situation (please tick)			
Living with parent/guardian	Kinship Care	Foster Care	Residential Care

YOUNG PERSONS CARING ROLE (reason for referral)

Is the young person (please circle)

A main carer

A secondary carer

Please give a brief description of the young person’s caring role and tick all aspects that apply (i.e. physical or emotional caring responsibilities)

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? (If yes, please specify)	YES/NO
Do the family own any pets? (If yes, please specify)	YES/NO

Laundry/ironing		Cleaning		Wash dishes/fill dishwasher	
Responsible for food shopping		Responsible for cooking		Help with lifting/carrying	
Interpret, sign or use another communication		Help with financial matters e.g. Bills, withdrawing cash		Giving and/or picking up medication	

Help someone to dress or undress		Help someone to wash/shower/bath		Make sure the cared for person is safe	
Take care of someone through the night		Keep the cared for person company e.g. talking, reading.		Accompany the cared for person when they go out	
Supporting cared for person when they are worried/upset		Look after brothers & sisters when with an adult.		Look after brothers & sisters alone	

Please give a brief description of the impact caring responsibilities have on the young person:

Physical health	
Mental and emotional health	
Education	
Behaviour/ behavioural development	
Family and social relationships	
Other	

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

Is the young person aware of the referral?	YES/NO
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
Has a young carers statement been carried out?	YES/NO

Worker Name	Agency	Contact email and phone number for at least one worker
1.		
2.		
3.		
4.		

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?	

PARENT/GUARDIAN CONSENT – In order for this referral to be processed a parent or guardian must have consented to the referral being made to the Young Carers service. Provide the name and relationship to the young carer of person who gave consent.

Name:	Relationship:
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REFERRERS SIGNATURE

Signature:	Date:
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Please return to:

Angus Carers Centre

8 Grant Road

Arbroath

DD11 1JN

Email: enquiries@anguscarers.org.uk