

**Barnardo’s Action with Young Carers Liverpool**

 **Referral form**

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| **YOUNG PERSON’S SURNAME:** | **FIRST NAME:** | **D.O.B:** |
| **HOME ADDRESS:****POST CODE: TELEPHONE NO:** | **Gender identity:** | **Ethnicity and religion: (PLEASE COMPLETE)** |
| **Communication/language needs:**  |
| **Special needs/disability factors:** |
| **School/College**:**Is this young person classed as NEET?**  **YES NO** |
| **Household members:** **(Name and relationship)****Other significant family members:** | **DOB/AGE** | **Occupation/ School/ College**  |
| **Other agencies involved with the family:**

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| **Name** | **Organisation & Team** | **Contact details** |
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**Is this young person subject to an EHAT?** **YES**  **NO*****(if yes, please attach if have access)***I**s this young person subject to a Child in Need Plan?**  **YES NO****Is this young person subject to a Child Protection Plan?**  **YES NO**  |
| **REASONS FOR REQUEST FOR ASSESSMENT**:**Name, relationship and DOB (if known) of the adult that young person cares for and what is the nature of their illness or disability:****What caring responsibilities does the young person have and what are the reasons for them being undertaken by the young person (rather than another adult):** **Does the young person’s caring role impact any of the following areas:**  **TICK**

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| Their mental health and wellbeing |  |
| Their capacity to lead a healthy lifestyle |  |
| Their family relationships |  |
| Their school or college attendance |  |
| Their capacity to access breaks from their caring responsibilities (either formally, such as extra curricula activities, or informally, such as visits to friends’ houses) |  |

**Please explain…** |
| **What support is already provided in relation to this young person’s caring responsibilities? Please include details of your role with the family.** |
| **Has the family consented to a request for young carer’s assessment being made on their behalf?** **YES NO****\*Please note, consent from parent/guardian is required for children and young people 15 and under. Young people 16 and over can consent themselves.****Requests for a young carer’s assessment can only be accepted if consent has been received.** **Parents/Child’s view of request for Assessment:** |
| **Are there any health and safety/ risk factors that we should be aware of when working with this young person and their family? (e.g. substance misuse, violent incidents, dangerous dogs):** |
| **Is there current or historic domestic violence:** |
| **Referrers details (PRINT NAME):**

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| **Organisation** | **Team (inc address)** | **Job Title** |
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**Telephone number:****E-mail address:****Signature (electronic):**  **Date:**I understand that a record will be maintained of the service provided by Liverpool City Council and Barnardo’s. Please view Privacy Notices:[Privacy notice - Liverpool City Council](https://liverpool.gov.uk/privacy-notice/)[Privacy notice | Barnardo's (barnardos.org.uk)](https://www.barnardos.org.uk/privacy-notice) |

Please return by **secure** e-mail to: youngcarers.liverpool@barnardos.org.ukor telephone for further guidance: 0151 228 4455