

**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:**   |  |  |  | | --- | --- | --- | | **Name** | **Organisation & Team** | **Contact details** | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   **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**   |  |  | | --- | --- | | 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):**     |  |  |  | | --- | --- | --- | | **Organisation** | **Team (inc address)** | **Job Title** | |  |  |  |   **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.uk](mailto:youngcarers.liverpool@barnardos.org.uk)or telephone for further guidance: 0151 228 4455