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

**Request for Young Carers Assessment Form**

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| **Instructions to Complete Form**  Complete this form with as much information as possible, including all demographics requested for and include all caring responsibilities which impact the young person and details of the cared for person’s (Adult family member, not sibling) illness/disability or condition. |

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| --- |
| **CONSENT**  **Has consent been given by parent/carer for a young carer’s assessment being made?**  **\*Note – Without consent request cannot be progressed\***  **YES NO**  **If YES please complete Parental Agreement at the end of this form below.**  **\*Please note, consent from parent/guardian is required for children and young people 15 and under. Young people 16 and over can consent themselves.**  **Voice of the Child – This request for assessment must be discussed with young person?**  **Young Person’s view of Request for Young Carer’s Assessment -** |

|  |  |  |  |
| --- | --- | --- | --- |
| **YOUNG PERSON’S SURNAME:** | **FIRST NAME:** | | **D.O.B:** |
| **HOME ADDRESS:**  **POST CODE:**  **Telephone Number of Parent/Guardian:**  **Telephone Number of Young Person if appropriate:** | | **Gender identity:** | **Ethnicity and religion:** |
| **Communication – preferred language used by family:**  **Is an interpreter required?**  **YES / NO** | |
| **Special Educational Needs/disability of Young Person:** | |
| **Details of School or College**:  **School/ College Contact Number:**  **Lead Contact at School (email address);**  **Household Members & Relationships –**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name | DOB | Working/School/College | Relationship | Cared for Person | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | | | |
| **Other agencies involved with the family:**   |  |  |  | | --- | --- | --- | | **Name** | **Organisation & Team** | **Contact details** | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   **Is this young person subject to Family Help Support?**    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 of Cared for Adult:**  **Cared for adult’s information including the nature of their illness/condition or disability:**  **What caring responsibilities does the young person:**  ***(please provide specific details of tasks, personal care and emotional support provided to cared for adult by young person)***    **Does the young person’s caring role impact any of the following areas:**  **TICK**   |  |  | | --- | --- | | Their mental health and emotional wellbeing |  | | Their capacity to lead a healthy lifestyle |  | | Their family relationships |  | | Their school or college attendance |  | | Their ability to achieve their future goals |  | | 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 provide details and examples -** | | | |
| **Does the family receive informal support by extended family or friends?** | | | |
| **Health & Safety**  **Are there any current health and safety or risk factors that we should be aware of when working with this family? (e.g. substance misuse, domestic, Mental health, violent incidents, dangerous dogs):** | | | |
| **Referrer’s Details**  **Name:**  **Self-Referral/Professionals Referral:**  **Relationship to Child:**  **Job Role (if professional) & Agency:**  **Telephone number:**  **E-mail address:**  **Signature (electronic):**  **Date:** | | | |

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

**Consent Form – Parents**

***(required for young people who are under 16)***

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| --- | --- |
| **Name of child or young person** |  |
| **Age of child or young person** |  |
| **Name of \*person giving agreement** |  |
| **Relationship pf person giving agreement to the child** |  |
| **Name of worker obtaining parental agreement** |  |

***\*****If this is not a parent it must be someone with legal responsibility for the child or young person.*

|  |  |  |
| --- | --- | --- |
|  | Y | N |
| The details of the service being provided have been explained to me |  |  |
| I understand that a record will be maintained of the service provided by Barnardo’s and Liverpool City Council. Please view Privacy Notices:  [Privacy notice | Barnardo's (barnardos.org.uk)](https://www.barnardos.org.uk/privacy-notice)  [Privacy notice - Liverpool City Council](https://www.liverpool.gov.uk/privacy-notice/) |  |  |
| I understand that I may withdraw agreement for the provision of this service at any time ; however the record of the service provide will be retained by Barnardo’s and Liverpool City Council as explained in the Privacy Notices. |  |  |

I give consent for my child to receive a service from Barnardo’s Action with Young Carers Liverpool

|  |  |
| --- | --- |
| Signature of parent giving agreement/verbal agreement |  |
| Date |  |

**Please return this signed form with the completed referral form**

by **secure e-mail** to: [youngcarers.liverpool@barnardos.org.uk](mailto:youngcarers.liverpool@barnardos.org.uk)or telephone for further guidance: 0151 228 4455

or

**Barnardo’s Action With Young Carers Liverpool**, 109 Eaton Road, West Derby, Liverpool, L12 1LU

Barnardo’s Registered Charity Nos. 216250 and SC037605

**A copy of this document is to be given to the parent when the agreement is signed or to the young person if 16 or over.**

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