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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Details of Young Carer being referred:**  **Islington & Camden Young Carers Referral Form**  Please complete fully and send to [icyc@family-action.org.uk](mailto:icyc@family-action.org.uk) alongside your most recent assessment/plan where applicable | | | | |  | | | | |
| Full name: | | | | |  | | | | |
| D.O.B: | | | | |  | | | | |
| Gender: | | | | |  | | | | |
| Ethnicity: | | | | |  | | | | |
| Address: | | | | |  | | | | |
| Contact Number: | | | | |  | | | | |
| Email address: | | | | |  | | | | |
| Has the Young Carer consented to this referral? | | | | |  | | | | |
| Has the Parent/Carer consented to this referral? | | | | |  | | | | |
| Interpreter Needed? | | |  | | Language? | |  | | |
| **2. Family Composition:** | | | | | | | | | |
| Name | | Relationship to YC | | D.O.B | | Ethnicity | | Disability? | Contact Number: |
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| **3. Details of services/agencies involved (please include all)** | | | | | | | | | |
| GP: | |  | | | | | | | |
| School: | |  | | | | | | | |
|  | |  | | | | | | | |
|  | |  | | | | | | | |
| **4. Referrer Details:** | | | | | | | | | |
| Name: |  | | | | | | | | |
| Agency/Service: | |  | | | | | | | |
| Contact Number: | |  | | | | | | | |
| Email Address: | |  | | | | | | | |
| **5. Reasons for Referral:** | | | | | | | | | |
| * ***Who do they care for & why?*** * ***Details of any specific caring tasks the young person undertakes?*** * ***How is the caring role impacts on the young person? (school attendance/health/anxiety/withdrawn/behavioural issues, leisure, bullying etc.)*** * ***Any other information which may be useful to us in assessing/supporting the young person or family?*** | | | | | | | | | |
| **6. What outcomes / focus of work is requested** | | | | | | | | | |
| * ***Targeted Group Support? Whole Family Support?*** * ***Support to improve YC’s emotional wellbeing, reduce social isolation?*** | | | | | | | | | |
| **7. Level of safeguarding concern?** | | | | | | | | | |
| * ***Please circle current category of concern & note reasons for this. Also include copy of most recent assessment/plan where applicable***   **Universal/Early Help Child in Need Child Protection** | | | | | | | | | |
|  | | | | | | | | | |
| ***Please note any risks to staff safety & lone working (e.g. family have large Dog)*** | | | | | | | | | |
| Signature of referrer: | | | | | | | | | |