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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 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 (school attendance/health/anxiety/withdrawn/behavioural issues, leisure, bullying etc.)***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?***
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| **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**  |
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| ***Please note any risks to staff safety & lone working (e.g. family have large Dog)*** |
| Signature of referrer: |