**Young Carers & Young Adult Carers Referral Form**

**Please complete this form as fully as possible and send to youngcarers@solihullcarers.org**

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| **If you are a professional we cannot accept this form until you have gained full informed consent.**I ………………………….. have been given consent from the parent/guardians or carer (18+) /cared for to share any of the enclosed details for the use of Carers Trust Solihull. I have used the privacy notice below to ensure they have made an informed decision and they are aware of how their information will be stored and used.Signed ……………………………………… Date………………………(An email address can be used as an electronic signature) |

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| **Privacy Notice – How we use your information**We are a service that provides information, advice and support to unpaid carers of all ages in Solihull. To be able to carry out our work we are required to hold and use up to date personal information. We hold all the identifiable information you share with us and records of activity your child undertakes with us. Your information is stored securely under the Data Protection Act 2018.As a service provider of Solihull Council, minimal information that enables SMBC to identify you plus your assessments and support plans will be shared with them to ensure their records are kept up and date and to help them identify services or benefits you may be entitled to or interested in. They may also be required to share this information during Ofsted inspections. We may also need to share your information for the prevention and detection of fraud and/or other crimes or as the law requires. For further information about how Solihull Council will use your information refer to the Council’s Privacy Statement on [www.solihull.gov.uk](http://www.solihull.gov.uk)**Important!** We will never share other identifiable information to other agencies without your consent, including names, contact details or medical information. The only exception to the this would be if somebody is at risk of significant harm to themselves or others, or if a crime is committed. You can request to see relevant information we hold, in writing. |

You

All fields MUST be complete, to the best of your knowledge, before we accept the registration or this form will be returned to you.

**Referrer Details**

|  |  |
| --- | --- |
| Referrers full name |  |
| Date |  |
| Job title / place of work / relationship to young carer |  |
| Telephone number / email |  |
| Is the young carer aware you are making this registration? | Yes ☐ No ☐ |
| What are their views? |  |

#### Main young carer/s in the household

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| --- |
| If there is more than one young or young adult carer in the household, please copy and re-paste this table |
| Full name |  |
| Gender |  |
| Ethnicity and religion |  |
| Date of birth |  |
| Address |  |
| Preferred telephone number  |  |
| Email |  |
| Education setting |  |
| Health, additional or behavioural needs |  |
| **Please tick if the young carer has any of the following:** |
| Awaiting Education & Health Care Plan | Yes ☐ No ☐ |
| Currently has an Education & Health Care Plan | Yes ☐ No ☐ |
| Accessing any disability benefits | Yes ☐ No ☐ |
| Special educational needs (SEN) intervention | Yes ☐ No ☐ |

**Details of parents, guardians or others living at the property, not listed above**

|  |  |  |
| --- | --- | --- |
| Full Name | DOB or age if known | Relationship to young carer |
|  |  |  |
|  |  |  |
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**Cared For details and information relating to caring roles**

|  |  |
| --- | --- |
| Does the young carer care for more than one individual? | Yes ☐ No ☐  |
| Cared for full name |  |
| Relationship to young carer |  |
| Cared for date of birth |  |
| Cared for diagnosis / medical condition and any details of how their conditions affects them.Please state what evidence there is to support their diagnosis, if known |  |

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| **Does the young carer provide the following:** |
| Domestic tasks | Yes ☐ No ☐  |
| Emotional support | Yes ☐ No ☐  |
| Physical support | Yes ☐ No ☐  |
| Personal care | Yes ☐ No ☐  |
| Budgetting and money management | Yes ☐ No ☐  |
| **Does caring affect the young carer with their:** |
| Physical health | Yes ☐ No ☐  |
| Emotional needs | Yes ☐ No ☐  |
| Social needs or development | Yes ☐ No ☐  |
| Education / employment | Yes ☐ No ☐  |
| Anything else you want to add |

**To your knowledge, details of any agencies working with the family**

|  |  |  |
| --- | --- | --- |
| Agency | Contact name and telephone / email | Service provided and to whom |
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**Additional Information**

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| Is there any risk, in terms of lone working to staff? Yes ☐ No ☐ |
| To your knowledge, has the family had any local authority intervention; subject to CP Plan/CIN/Early help? Yes ☐ No ☐ Details:*Please include a copy of the most recent assessment/minutes if possible.*  |
| Any further information: Is there anything else that you think we need to know about this family? Please continue on a separate sheet if necessary. |

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| Please tell us where you heard about us: |

Once all details have been completed please send via email to **youngcarers@solihullcarers.org** or post **(please mark Private and Confidential)** to:

**YOUNG CARERS TEAM**

**Carers Trust Solihull**

**Solihull Fire Station Annexe**

**620 Streetsbrook Road**

**Solihull, B91 1QY**

If you have any enquiries, please contact Young Carers Team at Carers Trust Solihull

on **0121 788 1143 opt 2**





