



Brent Young Carers Service

Brent Carers Centre
Willesden Medical Centre,
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REFERRAL FORM FOR BRENT YOUNG CARERS SERVICE

Date Referral Received:

Referrers Name:

Organisation/Agency:

Address:

Telephone No:

Email Address:

Parent/Guardian Details

Name:

Relationship to young carer:

Address:

Ethnic origin:

Primary language:

Telephone No:

Email Address:

Is the parent/guardian aware of the referral? Yes or No

Does the young carer and cared for live at this address? Yes or No

if not please give details:

Is an interpreter or signer needed) Yes or No ?

Young Carer

Name:

Sibling Name (if a young Carer)

Address:

Address:

Mobile:

Mobile:

Email

Email:

Date of Birth:

Date of Birth:

Education

Name and address of school attended:

Sixth form/College:

Any part time job:

Has the young carers role had an impact on their education in any of the following ways:

	In the past	Currently
Time taken off school	<input type="checkbox"/>	<input type="checkbox"/>
Being unable to complete homework	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty concentrating in school	<input type="checkbox"/>	<input type="checkbox"/>
Being late for school	<input type="checkbox"/>	<input type="checkbox"/>
Rushing homework	<input type="checkbox"/>	<input type="checkbox"/>
Not being prepared for exams	<input type="checkbox"/>	<input type="checkbox"/>

Do you give your consent for us to inform school of the young person's caring role
Yes or No

Further Details

Is the young carer aware that you are making a referral to us? Yes or No

Has there been any child protection concerns?

Has a child (CAF) common Assessment framework been completed?

Approximately how many hours a week does the Young Carer spend helping look after the person with care needs?

Cared For Details

Name:

Relationship to young carer:

Type of disability/illness/ substance misuse:

Date of Birth

Ethnic Origin:

Other agencies involved with the cared for:

Telephone:

Email:

Other Family Members

Name	Relationship	Date of Birth

Tasks Undertaken by the Young Carer – *(Please circle all relevant)*

Physical support

Bathing	Dressing	Going to the toilet	Getting in/out of bed
Walking	Eating/Drinking	Medication	Interpreting
Shopping	Cooking	Laundry	Cleaning
Ironing	Paying bills	Childcare	Coping in Emergency

Emotional Support

Comfort them	Keeping an eye on them	Worry about them	Listen to them
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Comfort siblings	Worry about siblings	Keeping an eye on Siblings
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Look after them if they are drunk/have taken drugs

Other tasks *(please list)*:

Emotional, Mental and Physical Health of the Young Carer

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Support Required

What support would the young carer and the family like from this project:

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Please summarise the young carer's situation and how this effects the family

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Any other information, including any risk factors

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Ethnicity of Young Carer *(Please tick to select)*

White English	<input type="checkbox"/>	Asian Bangladeshi	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Asian British	<input type="checkbox"/>
White European	<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>
White Other	<input type="checkbox"/>	Asian Pakistani	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Asian Chinese	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Asian Other	<input type="checkbox"/>
Black British	<input type="checkbox"/>	Mixed, Please State:	<input type="checkbox"/>
Black Other, Please state:	<input type="checkbox"/>	Other Please State:	<input type="checkbox"/>