Registered Charity Number 1103712, Company Reg. No. 4779458 Registered in Wales.

**Network Partners of Carers Trust**

**WCD Young Carers** Referral Form

You can refer by completing this form and emailing **via secure e-mail** to info@wcdyc.org.uk; in the post to Marlow, South Crescent, Llandrindod Wells LD1 5DH or calling **01597 823800**

Once we have received the referral the Carer will be contacted within five working days

You can also find out more by visiting [**www.carers.cymru**](http://www.carers.cymru)

 liking our Facebook page “**WCD Young** **Carers**” or by following our Twitter account **@CreduCarers**

**REFERRER**

Do you have permission from the Carer to make this referral? YES/NO

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Professional |  | Team/Organisation |  |
| Phone Number(s) |  | Email |  |
| How would you like to keep in touch about this case?Email/phone |

HAVE THEY HAD A CARER’S ASSESSMENT? Yes / No/ In progress / Don’t Know

WCD Young Carers believes that all young people who use the services we provide should have access to the information written about them; including this form. If you wish to share information that is confidential to the agency only and should not be shared with the young person, please include this on a separate sheet that is clearly marked.

 **PTO**

**PERSONAL INFORMATION**

We take each family’s privacy seriously and we will use their personal information to enable us to support them and monitor the difference we make. Their personal information may be shared with the local Authority (Council) and the NHS as a ‘public task’.

We may suggest other organisations and services that could support the family, but would only pass your information on to these with the carer’s permission, unless someone is at risk.

ABOUT THE YOUNG CARER

|  |  |  |  |
| --- | --- | --- | --- |
| Young Carer’s Name |  | Date of Birth |  |
| Preferred name |  | Gender |  |
| AddressPOST CODE |  | Phone number(s)) |  |
| Young Carer’s Email |  | Young Carer’s School |  |
| **Language Preference**VerbalWritten | ENGLISH/WELSH/OTHERENGLISH/WELSH/OTHER |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Parents’ name(s) |  |  |  |
| Parents’ phone numbers |  | Parents’ email |  |

ABOUT THE PERSON (OR PEOPLE) CARED FOR

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Birth |  |
| Relationship to Young Carer |  |  |  |
| Details of Health/Disability |
| Name |  | Date of Birth |  |
| Relationship to Young Carer |  |  |  |
| Details of Health/Disability |

Please provide a summary of the young carer's care situation, the roles performed, and the circumstances of the individual(s) he/she cares for (them). Additional sheets may be used if necessary.

**CAPTURING THE HEART OF THE MATTER**

We ask these questions in order to gain a holistic understanding at the point of referral. However, if you are not able to answer them all, please do not worry we will still accept a referral as long as we have their contact details and you have their permission to refer to us.

Personal/Family Outcome (If known)

* What would they like life to be like?

Strengths

* What’s going well? \* Who is helping?

Priority Risks

* What are the challenges or issues that are getting in the way of them reaching their outcome/goal?
* Lone Working / Safeguarding

Safety/Contingency plan

* Do they have a back up plan? \*What if the Carer is unable to care?

What needs to happen?

Where are they now?

Is there anything else that you think that we should know?

**EQUALITY MONITORING**

Would you mind if we record Equality Monitoring Information? PREFER NOT TO COMPLETE

|  |
| --- |
| How would you describe **ETHNIC BACKGROUND?** |
| Prefer Not to Say |  |
| **White** |
|  | English/Scottish/Welsh/Northern Irish/UK |  |
|  | Irish |  |
|  | Gypsy or Irish Traveller |  |
|  | Any other white Background |  |
| **Mixed ethnic Background** |  |
| **Asian/Asian UK** |
| Indian |  |
| Pakistani |  |
| Bangladeshi |  |
| Chinese |  |
| Any other Asian background |  |
| **Black / African / Caribbean / Black UK** |
| African |  |
| Caribbean |  |
| Any other Black / African / Caribbean |  |
| **Other ethnic group** |
| Arab |  |
| Other |  |
|  |  |
| Would Carer describe themselves as Disabled? Prefer Not to Say / YES / NO |
|  |  |
| **RELIGION OR BELIEF** |
| Prefer Not to Say |  |
| No Religion |  |
| Christian |  |
| Buddhist |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| Sikh |  |
| Other religion |  |
|  |  |
| **SEXUAL ORIENTATION** |
| Prefer Not to Say |  |
| Heterosexual |  |
| Lesbian, gay men or bisexual |  |