Office use only			
URN		RAG	
Date rec'd		Initials of screen	

Family Action Young Carers Referral

Please complete **all sections** of this referral form to the best of your knowledge.

Missing or incomplete information will delay Family Action Young Carers from processing this referral.

It is intended that you complete the form electronically. Please send it via email to:

rbwm.referrals@family-action.org.uk

For further enquiries, please telephone 01628 626991

Who is making this referral	Agency or school ☐ Self-referral (parent/ guardian) ☐

SECTION 1: AGENCY OR SCHOOL TO COMPLETE THIS SECTION

Name		Date of Referral	
Role		Agency or school	
Telephone		Address	
Email address			

SECTION 2: CONSENT

Parent/ Guardian

Young Carers Bucks relies on **voluntary participation**. We are only able to accept referrals the family has consented to.

Family Action complies with current Data Protection legislation. This form and the information it holds will be transferred to our secure database, along with all records of any work we do with the family.

Young Carers Name			
I have read the information provided in this referral form, and **I agree** for this referral to be made to Family Action Young Carers and I would like engage with support they offer.			
Signed (parent/guardian)		Date	
If parent/guardian's consent given but unable to sign form, Please state reason for this:			
Preferred method of communication:	Email ☐ Telephone ☐ Text ☐		

SECTION 3: FAMILY DETAILS			
Young Carer/s details			
Young carer name/s	Date of Birth	Gender (M/F/ Unknown)	If the young person has their own support needs, please state below
Parent/ Guardian details			
Parent/ Guardian name/s	Main telephone number	Primary email address	
		fsddf	
Home address			
Other members of the family/ household			
Name/s	Date of Birth	Relationship to young carer	
Language spoken at home		Interpreter required	Yes ☐ No ☐
GP Surgery & contact info			

SECTION 4: CARING ROLE *Please state clear diagnosis and, if applicable, medical treatment received*			
Person/s being cared for			
Cared for	Date of Birth	Gender M/F/ unknown	Medical Diagnosis
Relationship to young carer			
Impact of condition on young person: emotional, social, educational etc			
Cared for	Date of Birth	Gender M/F unknown	Medical Diagnosis
Relationship to young carer			
Impact of condition on young person: emotional, social, educational etc			

Referrer's view and concerns	
Please give details of the nature* of their caring role, and the impact of caring on everyday life * physical, practical, emotional or sibling support	
Support to the young person & family 1: What support has your organisation already provided for this young person? 2: What support will you continue to offer? 3: What have other agencies done? Provide contact details	
What outcome/s are you looking for? (Point of view of the person making the referral)	
Family's voice	
What are the children's views about this referral?	
What are the parent/carer views about this referral?	

SECTION 5: MULTIAGENCY SUPPORT				
Education Provider				
Consent to contact	Yes ☐ No ☐			
Lead contact name				
Telephone		Email		
Are any other agencies already involved		Yes ☐ No ☐		
If yes, please list below, with relevant contact details:				
Agency		Consent to contact	Yes ☐ No ☐	
Lead contact name				
Telephone		Email		
Agency		Consent to contact	Yes ☐ No ☐	
Lead contact name				
Telephone		Email		
Agency		Consent to contact	Yes ☐ No ☐	
Is a referral also being made to any other agencies at this time?			Yes ☐ No ☐	
If yes, please list below				
Agency				
Agency				
Would a Multiagency Referral Form be appropriate?			Yes ☐ No ☐	
Is this young person involved in a Child Protection?			Yes ☐ No ☐	
Is this young person involved in a Child In Need plan?			Yes ☐ No ☐	
Allocated Social Worker				
Telephone		Email		

SECTION 6: RISK ASSESSMENT				
Is there evidence of, or a history of the following risks associated with the young person				
	No Risk	Low	Medium	High
A risk to themselves				
A risk to others (please state who)				
Offences or ASBO				
Child sexual exploitation				
Additional comments:				
Is there evidence of, or a history of the following risks associated with this household				
	No Risk	Low	Medium	High
Aggression				
Domestic Abuse				
Sexual offences				
Behaviour towards professionals				
Substance misuse				
Additional comments:				
Are you aware of environmental dangers associated with home visits? *(e.g. access to property, animals, conflict with persons outside of the home)*				
Would your organisation complete a lone working home visit to this family home?	Yes ☐ No ☐			