**Young Carers Self-Referral Form**

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. For information on how Family Action stores and uses your personal data in line with GDPR, please see our Privacy Notice at [www.family-action.org.uk/privacy-notice](http://www.family-action.org.uk/privacy-notice)

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| --- | --- | --- | --- | --- |
| **Young Carers Details** | | | | |
|  | **Young Carer 1:** | | | **Young Carer 2:** |
| **Full name:** |  | | |  |
| **Address and Postcode:** |  | | |  |
| **Date of Birth:** |  | | |  |
|  | **Parent/Guardian 1:** | | | **Parent/ Guardian 2:** |
| **Full name:** |  | | |  |
| **Address and Postcode:** |  | | |  |
| **Email Address:** |  | | |  |
| **Mobile Number:** |  | | |  |
| **Consent to contact:** | YES / NO | | | YES / NO |
| **Other members of the family/ household:** | | | | |
| **Name/s** | | **Date of Birth** | **Relationship to Young Carer** | |
|  | |  |  | |
|  | |  |  | |
|  | |  |  | |
| **Cared For Details** | | | | |
| **Full name:** |  | | | |
| **Date of birth:** |  | | | |
| **Relationship to Young Carer:** |  | | | |
| **Medical condition/ Diagnosis:** |  | | | |

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| --- | --- |
| **These are some of the responsibilities my child has:** | *Please tick* |
| **Practical Care** (*household chores, meal prep, food shopping, finances etc*)  Please provide details: |  |
| **Personal Care** (*bathing, dressing, help with feeding, mobility, medication, communication etc*)  Please provide details: |  |
| **Emotional Care** (*keeping an eye on someone, calming or comforting etc*)  Please provide details: |  |
| **Sibling Care**  Please provide details: |  |
| **The caring role regularly has an impact on my child’s:** | *Please tick* |
| A picture containing toy, doll  Description automatically generated**Emotional Health** (*feel overwhelmed, stressed, low mood etc*)  Please provide details: |  |
| A picture containing text, toy, doll  Description automatically generated**Social Life** (*taking part in activities, time spent with friends etc*)  Please provide details: |  |
| A stack of colored pencils  Description automatically generated with low confidence**Education** (*late or missed days, poor concentration, homework etc*)  Please provide details: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Support for your caring role:** | | | | |
| **What support do you have from family and friends?** |  | | | |
|  | **Service:** | | | **Consent to contact:** |
| **Are you and your family supported by other services?**  (*Professional Carers, medical practitioners, counselling etc*) |  | | | YES / NO |
|  | | | YES / NO |
|  | | | YES / NO |
| **Educational Provider** |  | | | YES / NO |
|  | | | Lead Contact: | |
| **Are you and your family supported by Children’s Social Care?** | Child Protection Plan | YES / NO | Name:  Phone number:  Email address: | |
| Child in Need Plan | YES / NO | Name:  Phone number:  Email address: | |
| Early Help Plan | YES / NO | Name:  Phone number:  Email address: | |
| **What support would you like from your Young Carers Service**  (*One to one support, meet other young carers, help to access other services etc*) |  | | | |

**I agree** for this referral to be made to Family Action Young Carers and my family would like engage with the support they offer.

Parent/Guardian

Signature: Date: