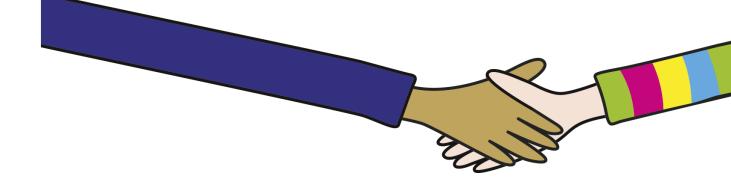
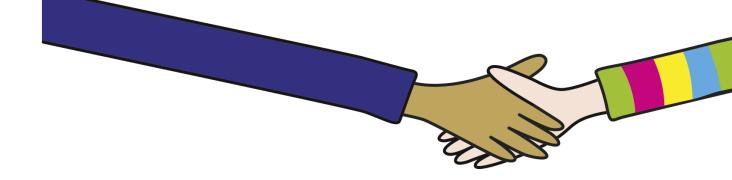


**Referral form** 



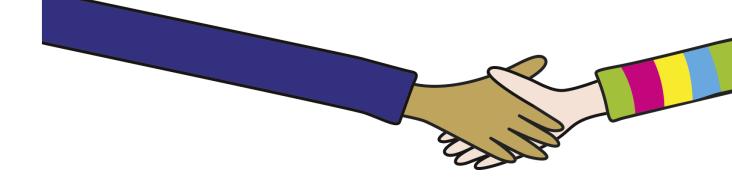


Please complete all fields and return to Cheshire Young Persons via post or email at:



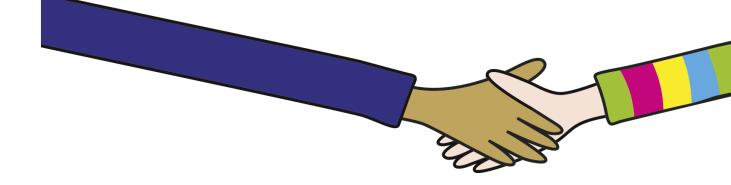


info@youngcarersnetwork.co.uk OR Cheshire Young Carers, Trinity Church, Whitby Road



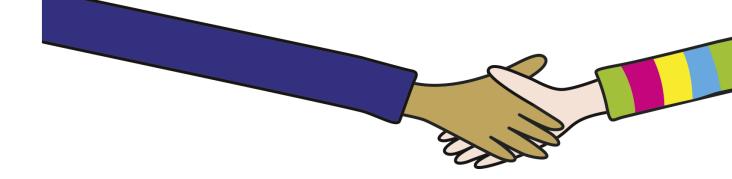


Ellesmere Port, CH65 0AE



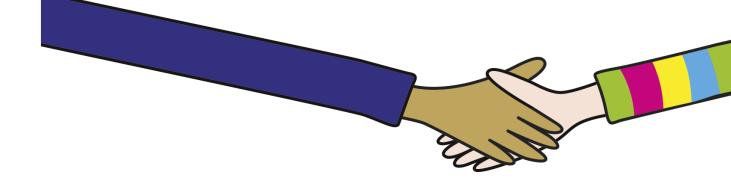


All sections in *blue, bold italics and underlined* MUST BE COMPLETED for the referral to be





processed.

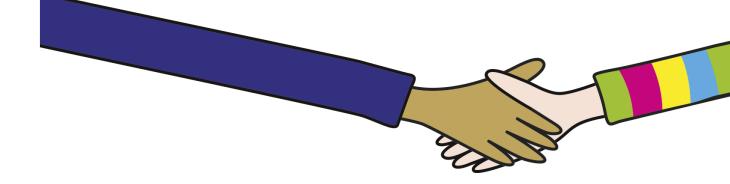








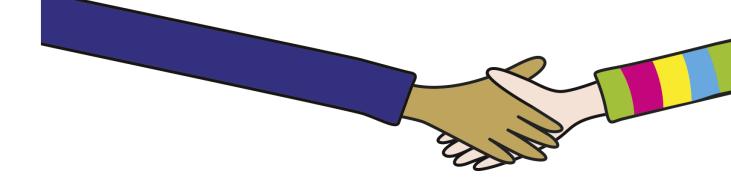
**Referral Source** 





Name

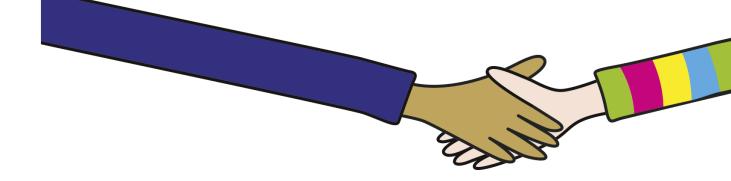
Date





Organisation

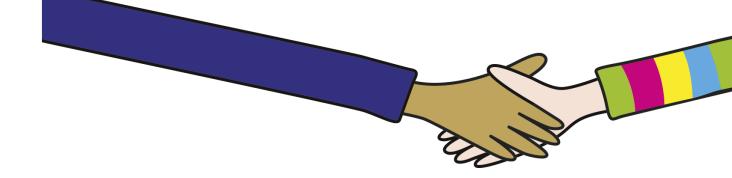
Contact Number





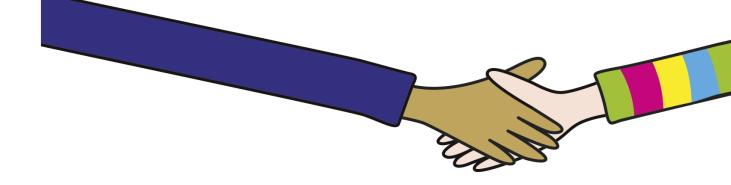
Email

Job Role





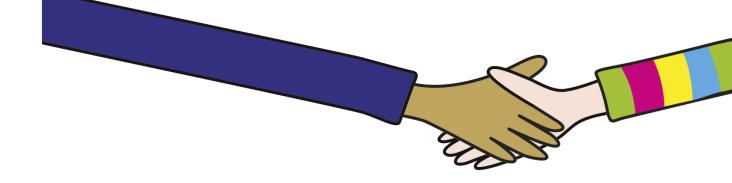
Contact Address





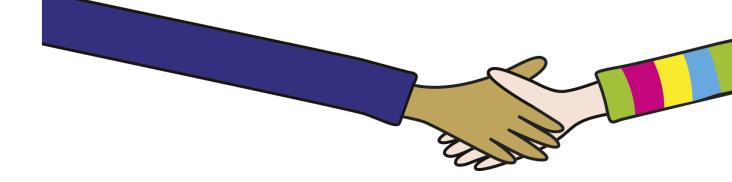
Relationship to

Length of time



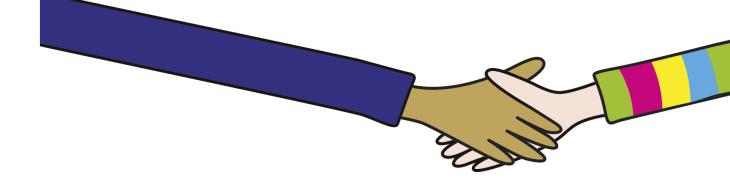


Young Person / family you have known Young Person / family





Young Person's Details

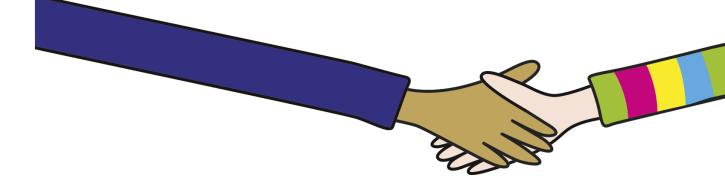




Name

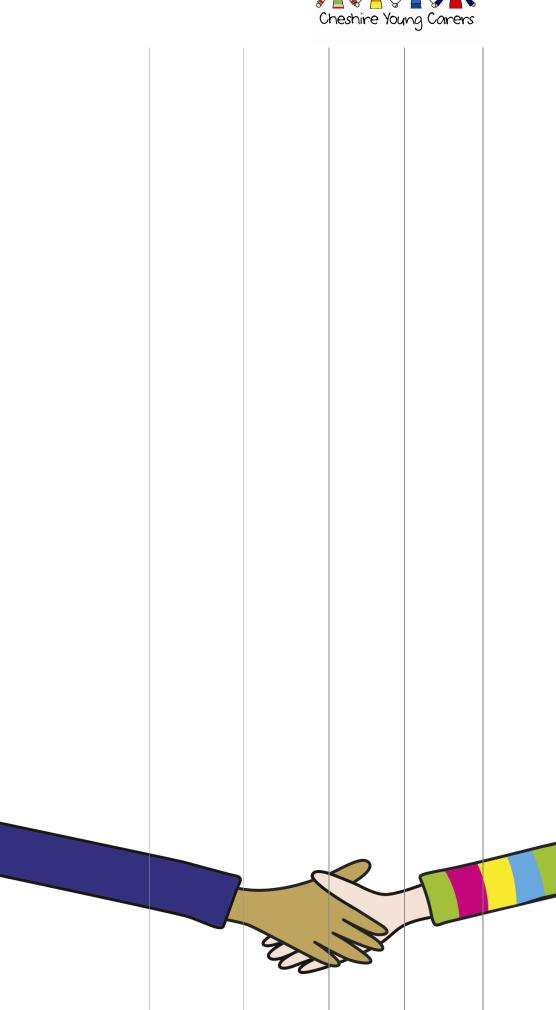
D.O.B

Gender



Name of



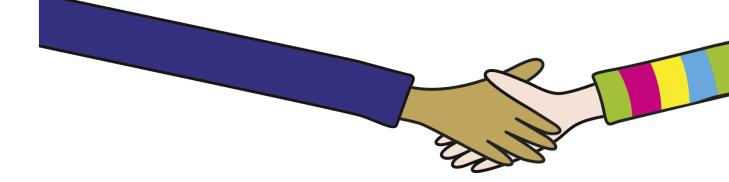




Parents/



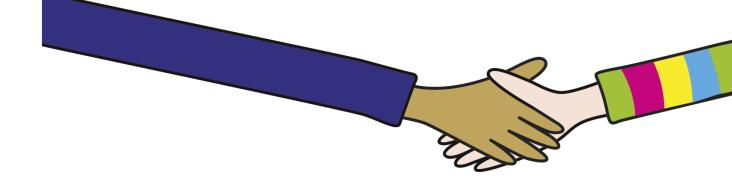
Guardian





Home Telephone Number

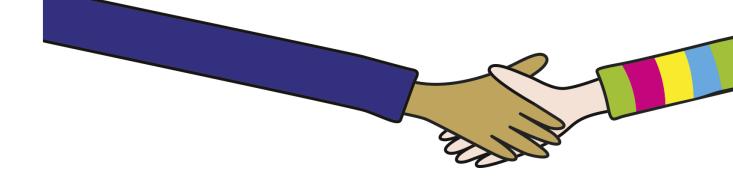
Mobile Number





Home Address

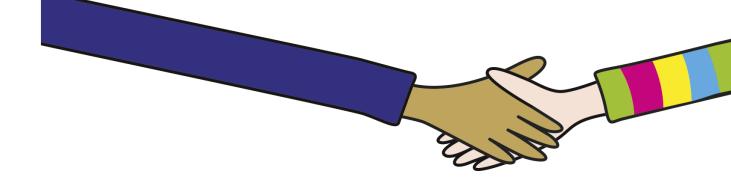
Postcode



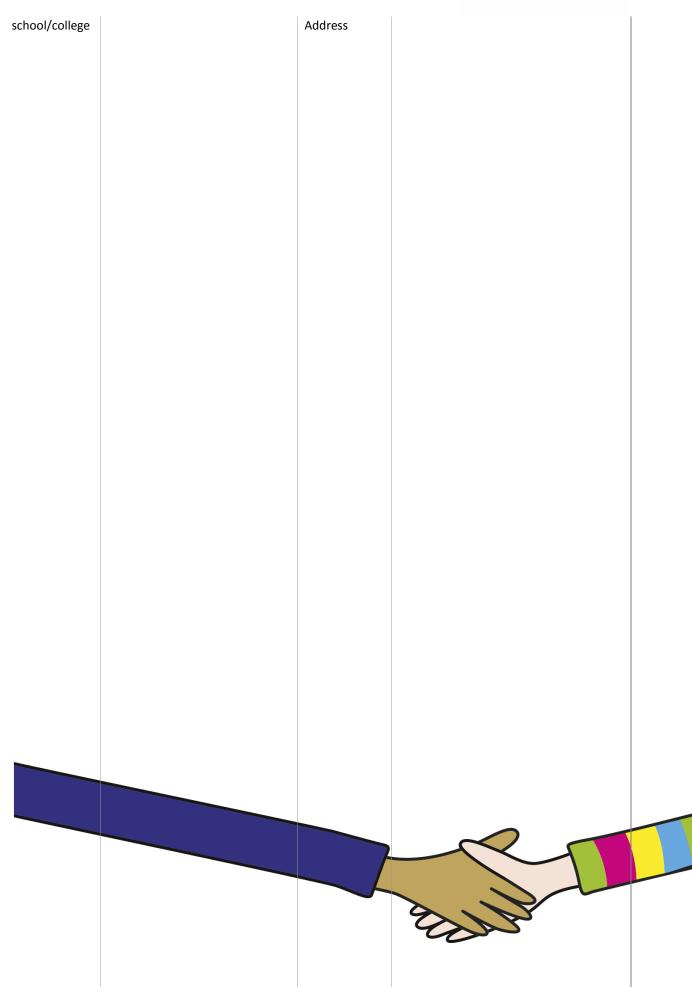


Name of

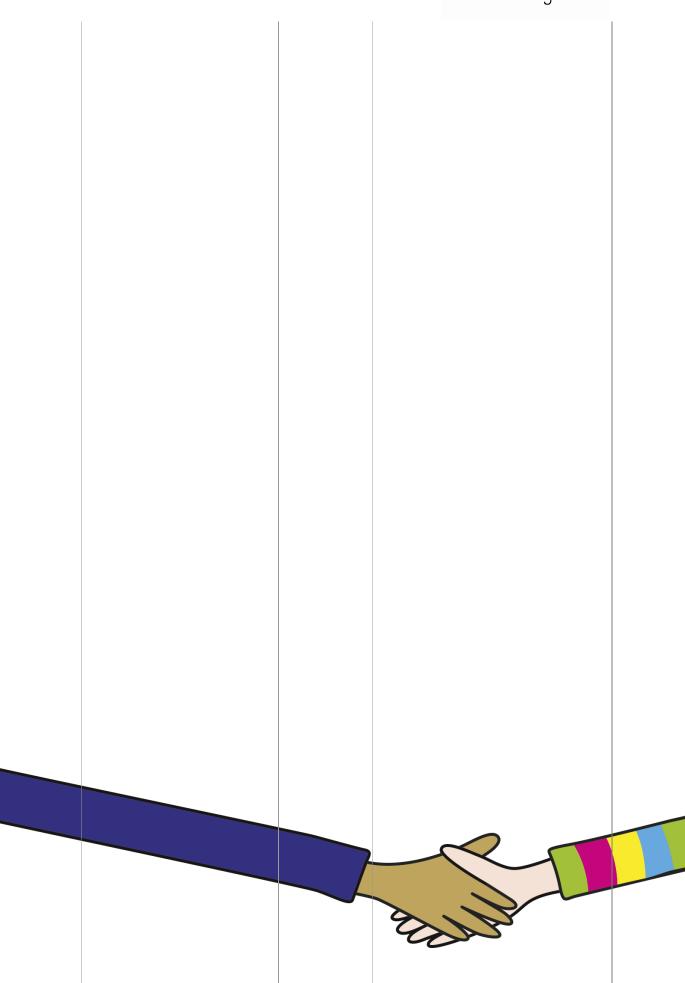
Family Email







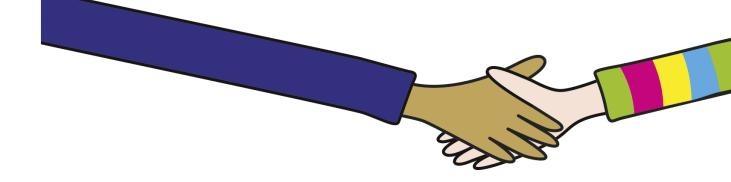






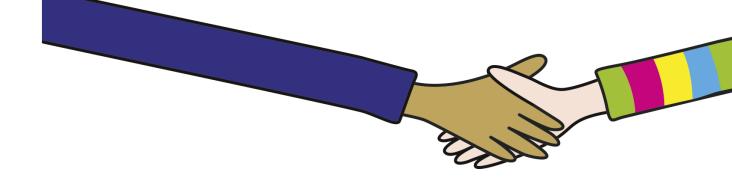
Ethnic Origin

Preferred





language









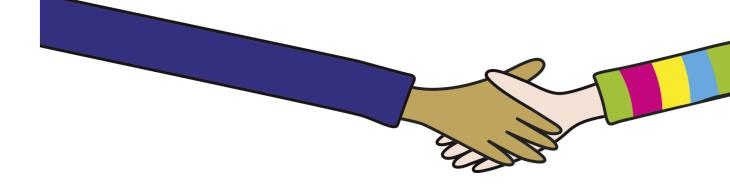






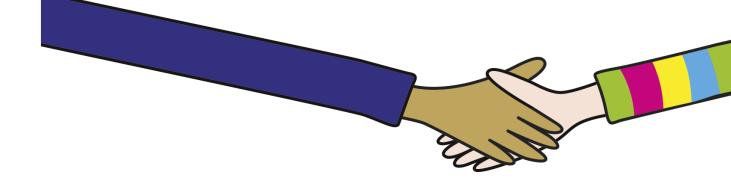


**Basic Information** 





Do the people that live with the Young Person know a referral has been made?

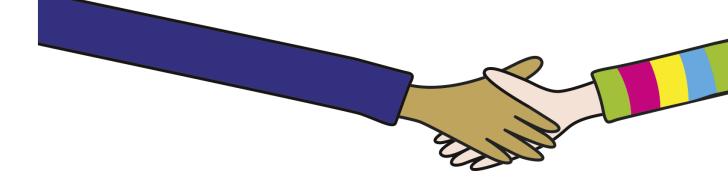






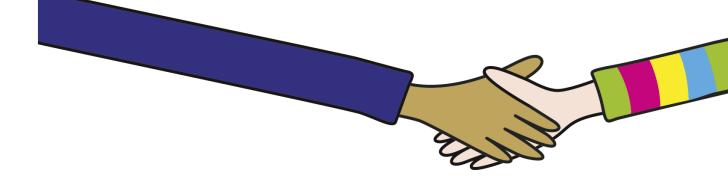


Yes





No



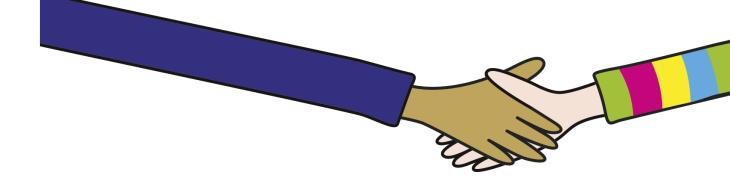






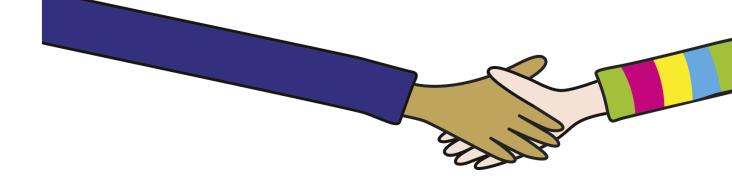


If no please state why





If you do not have permission for this referral, we cannot proceed once submitted.

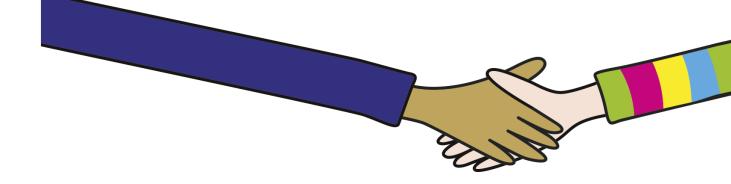






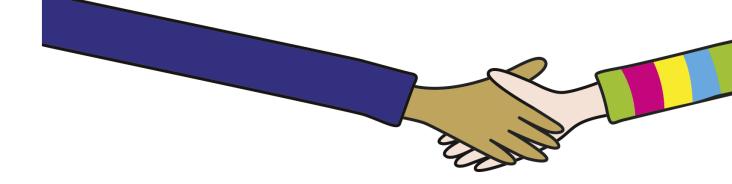


Young Person's status



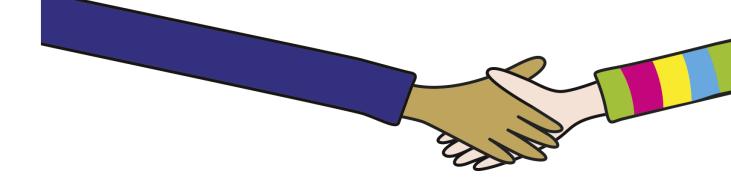


Does the Young Person have any additional needs or a Statutory Statement of



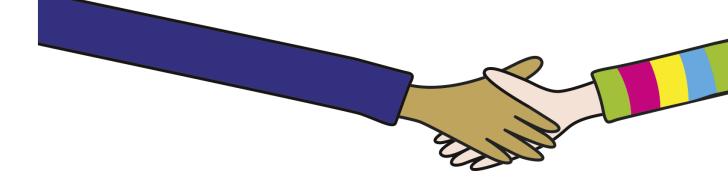


Education/Educational Healthcare Plan (SEN/EHP)?



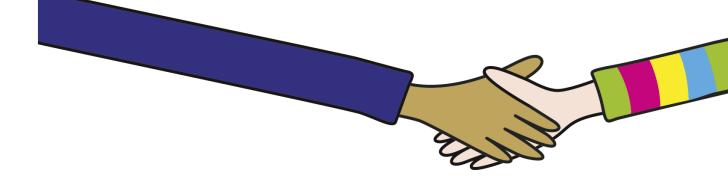


Yes





No

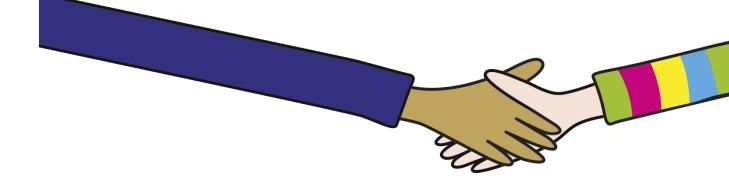






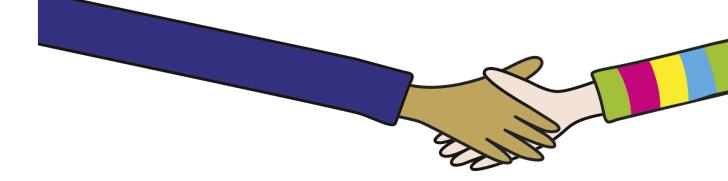


If yes, please





state

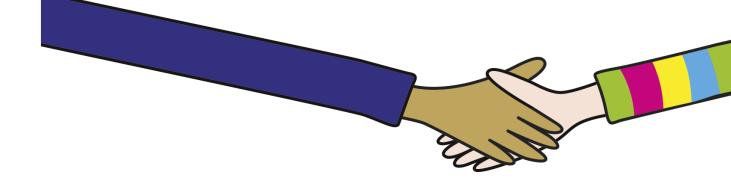








Who lives with the Young Person?

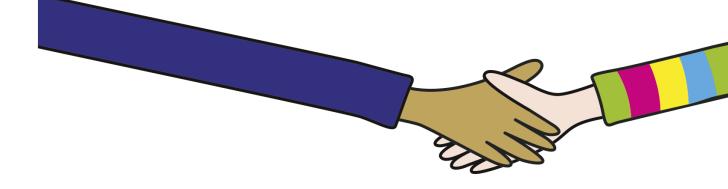




Name

Relationship to Young Person

DOB

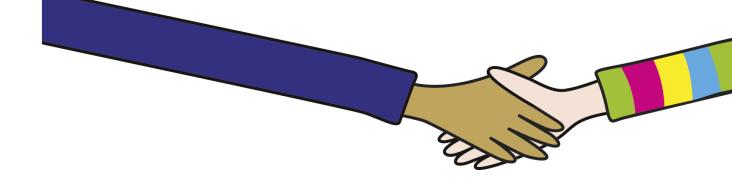






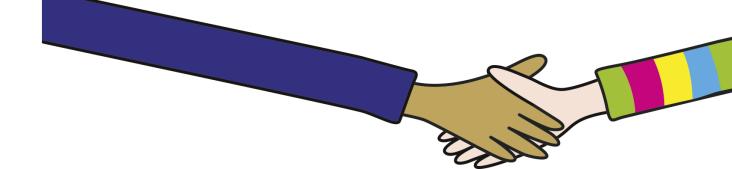


Is the Young Person on any kind of plan?



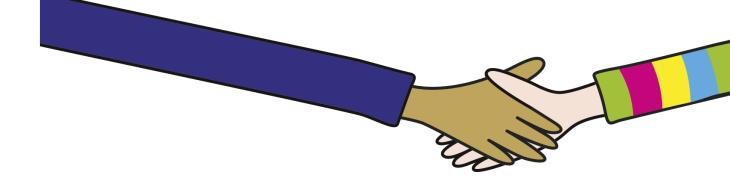


Tick	Lead Professional	Contact details



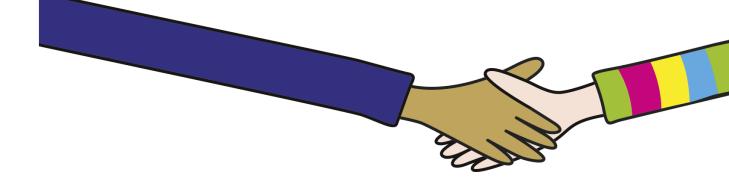


TAF/CAF



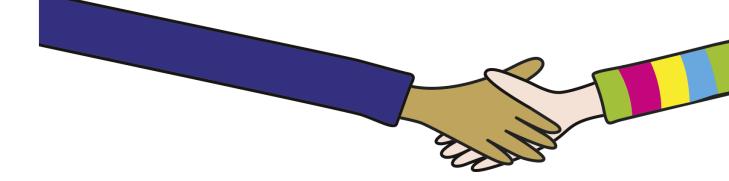


Child in Need



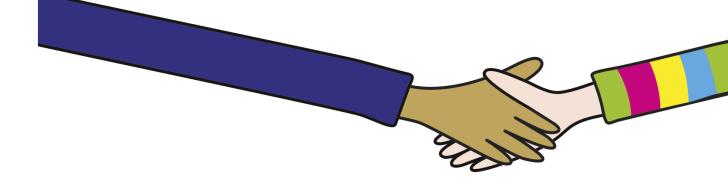


**Child Protection** 





None





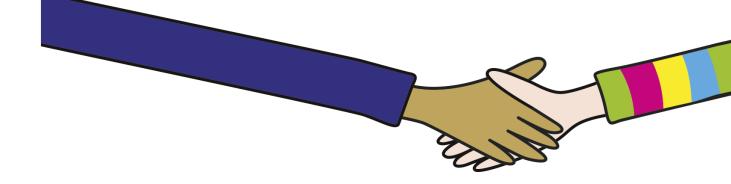






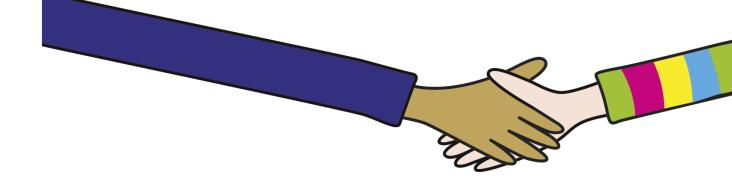


Person support being provided?



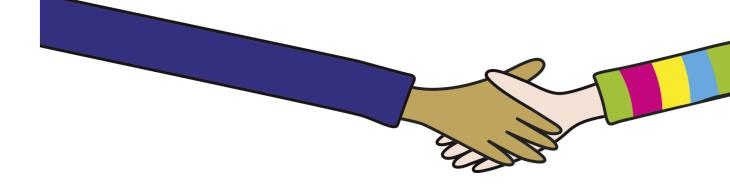


Does the Young Person have sole (primary) responsibility for the care, or is it supported?





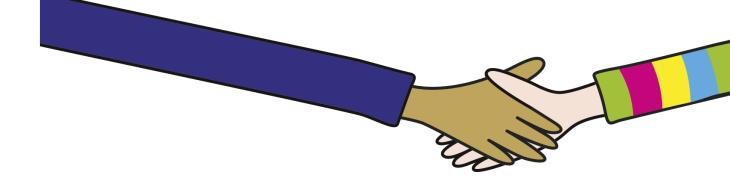
(Please tick)







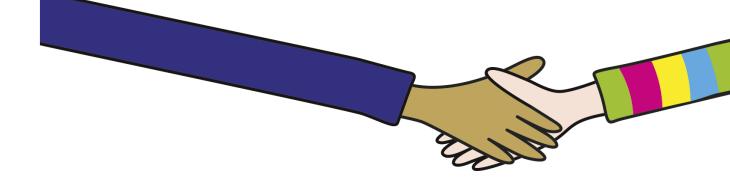
Primary Person - only Person





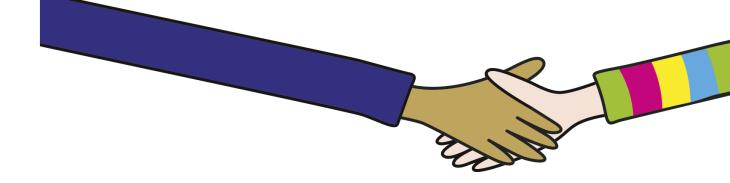


Supported by parent





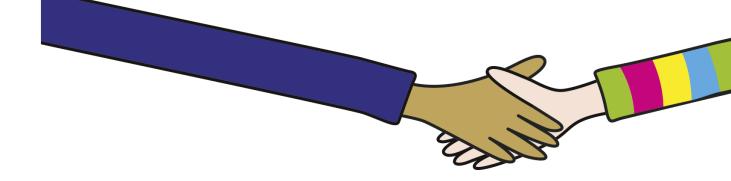
Supported by sibling







Supported by parent and sibling









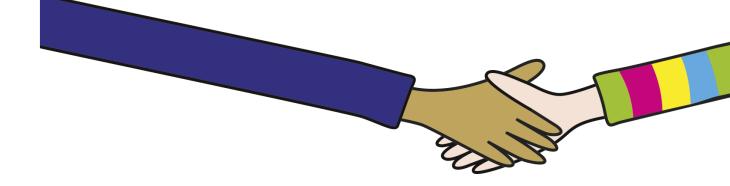






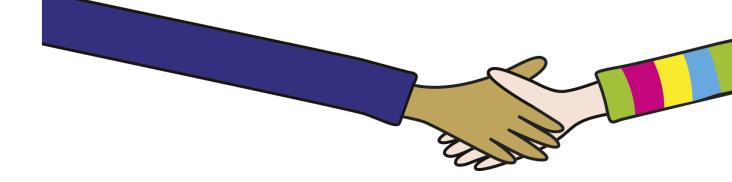


**Caring Details** 

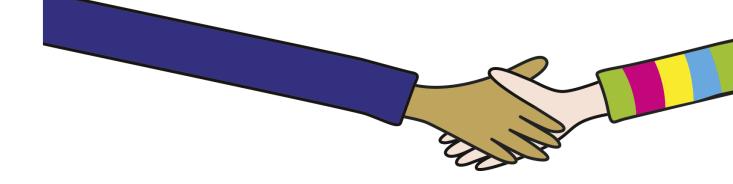




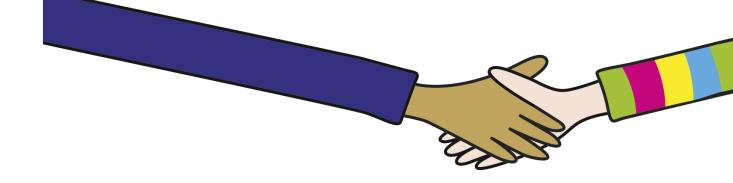
Who is the Young Person caring for?





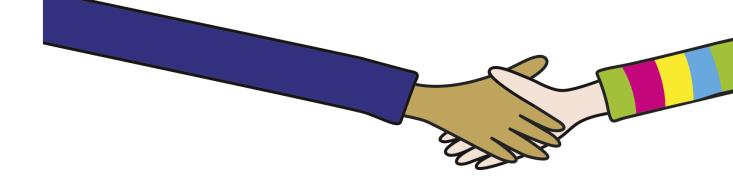






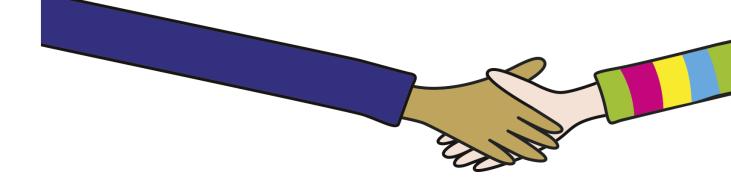


Type of care provided





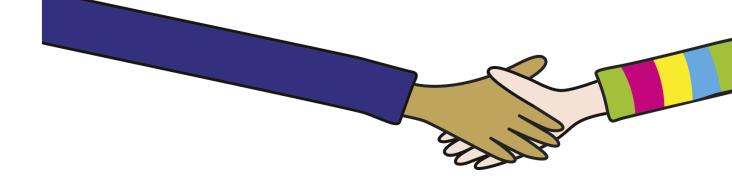
(Please Tick where appropriate)







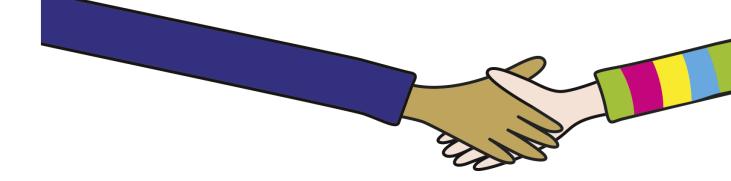
Domestic: washing, cleaning, preparing food







Domestic: assistance with shopping



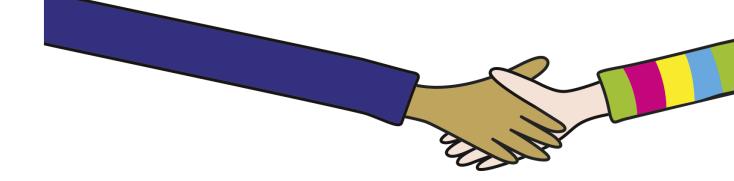




Personal: assistance with washing Person caring for, dressing, administering medication etc.

Emotional

Supervising / supporting siblings









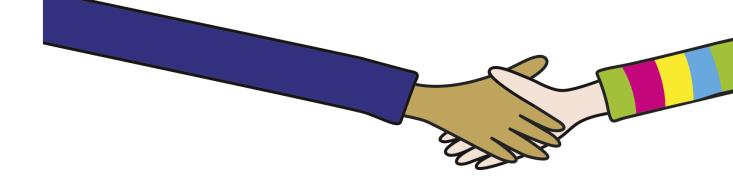








Does the Person being cared for have:







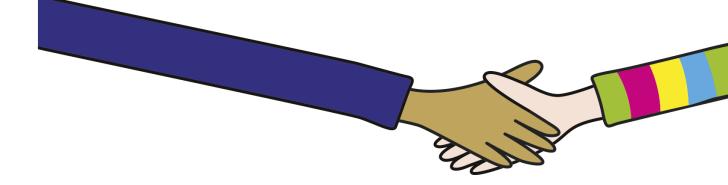


1 CI 3011 I	Person	1
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Person 2

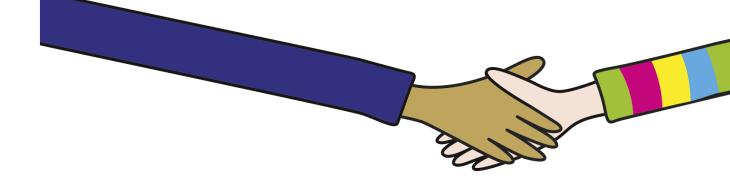
Person 3

Person 4





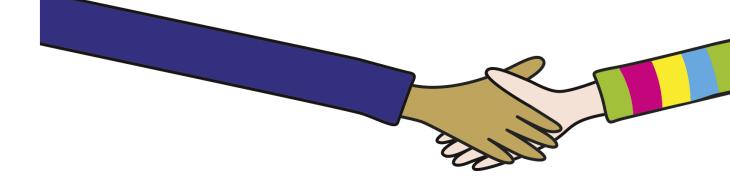
Mental ill Health





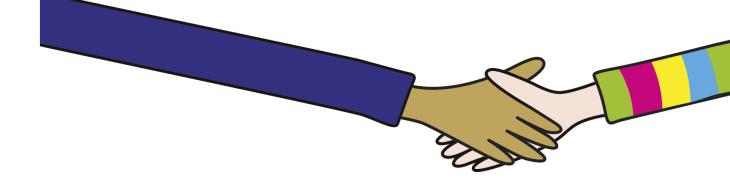


Substance misuse



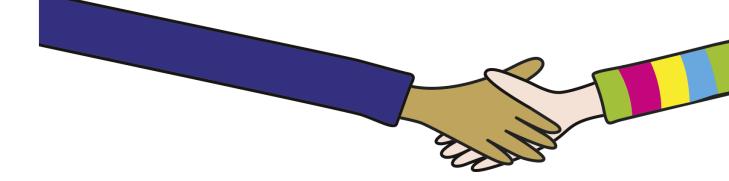


Alcohol misuse

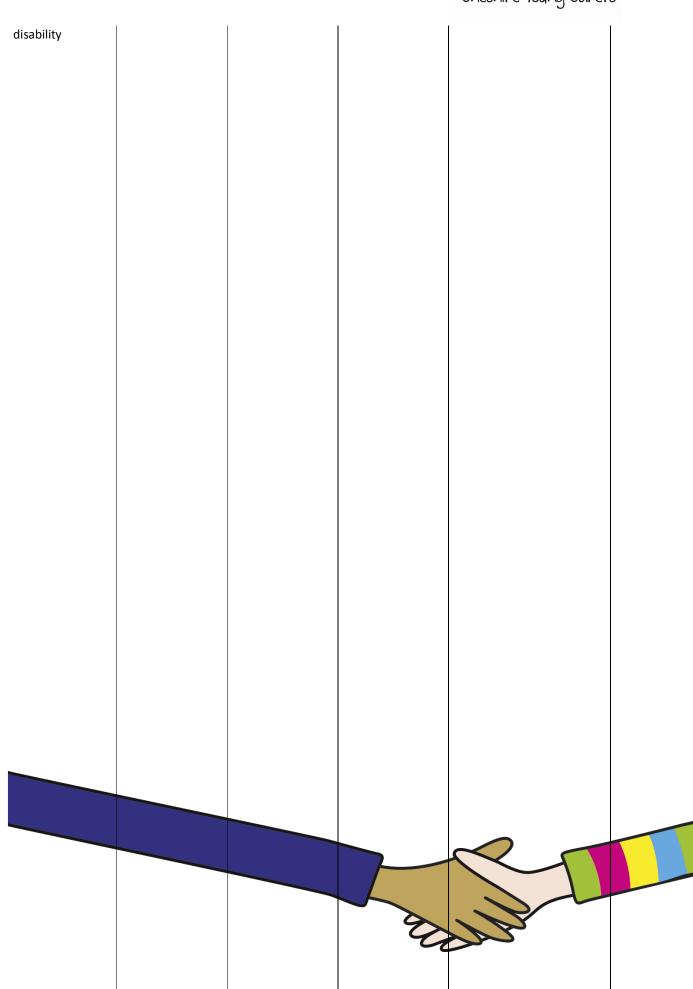




Learning

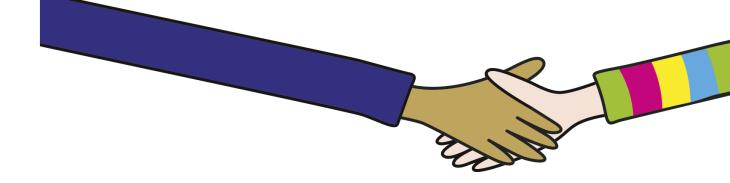






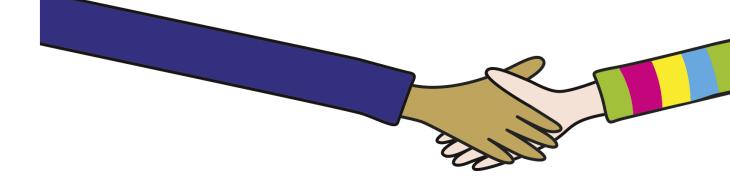


Physical III health





Physical Disability

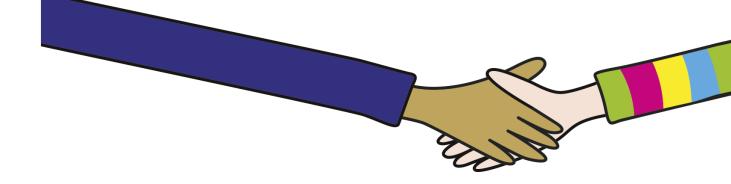






Autistic Spectrum Disorder

Terminal illness

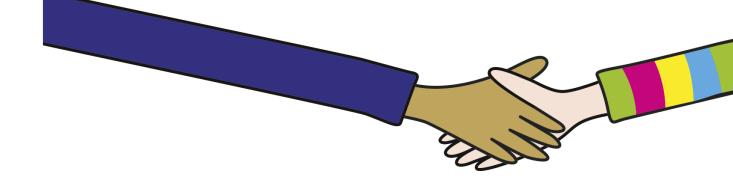








Can you give more detail on their illness/disability?

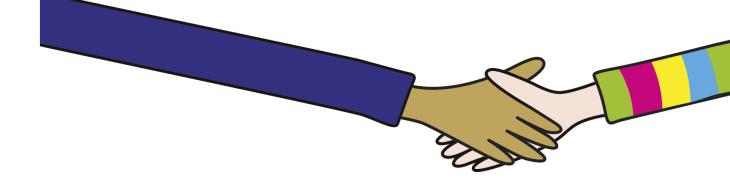






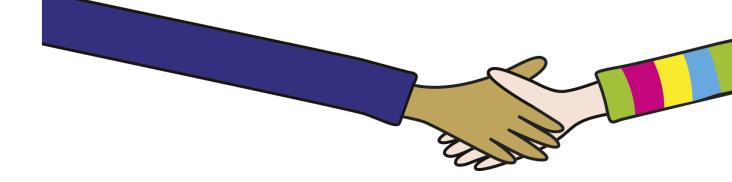


Frequency of care



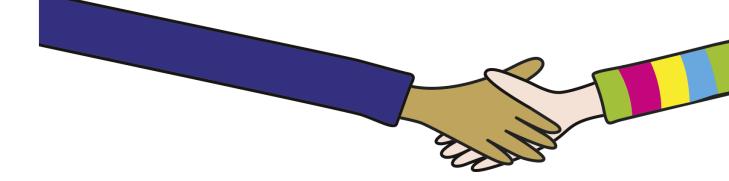


How many hours of support does the Young Person provide per day?



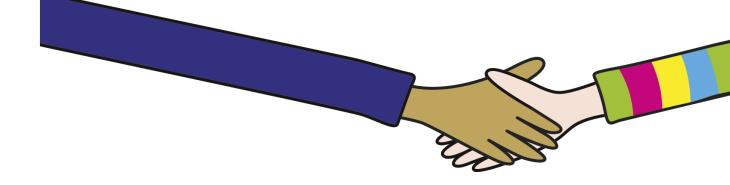


1 hour





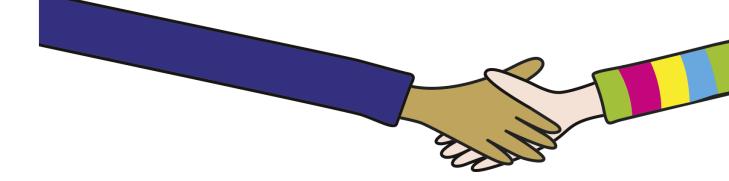
2 – 4 hours





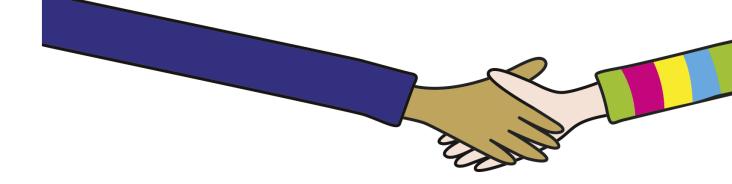


More than 4 hours



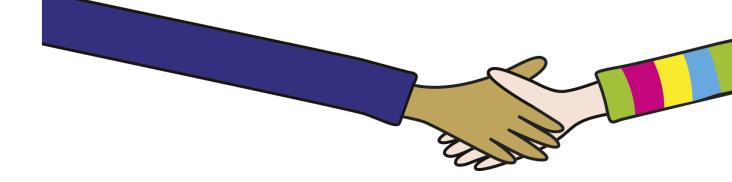


Socialising of the Young Person



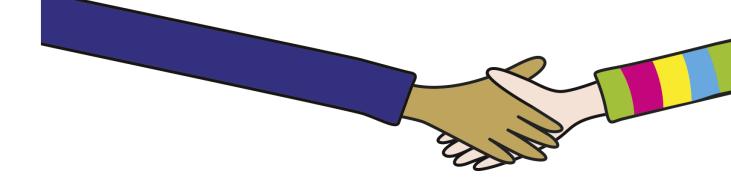


Does the Young Person take part in any other socialising activities (e.g. youth club,



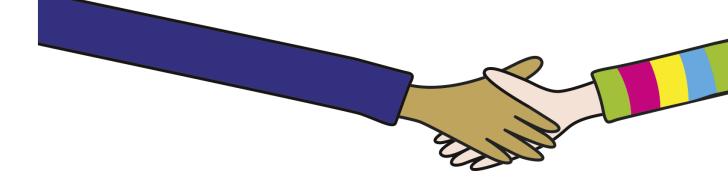


swimming lessons, scouts etc.)?



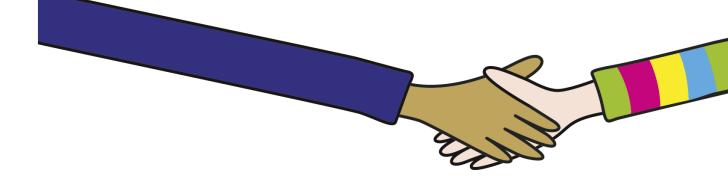


Yes





No

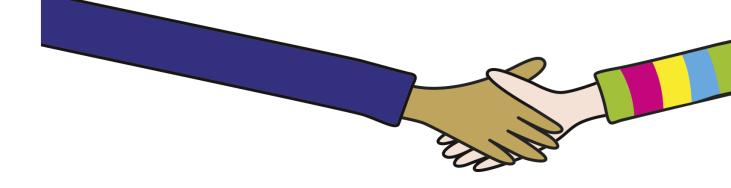






Attends... Y/N How often?

What activities?





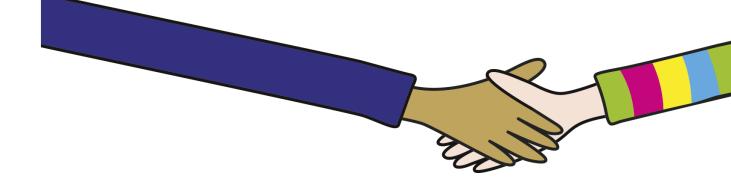
Activities ran

by school.

Activities

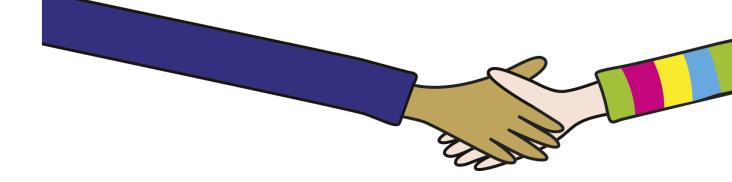
outside

school.



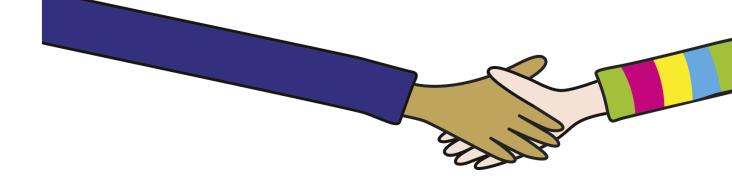


What is the impact on the Young Person?





Please explain any impacts or positive outcomes (as a result of caring) in these four areas



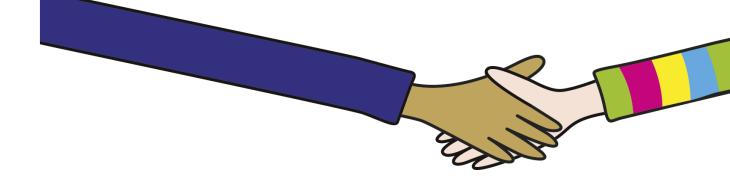






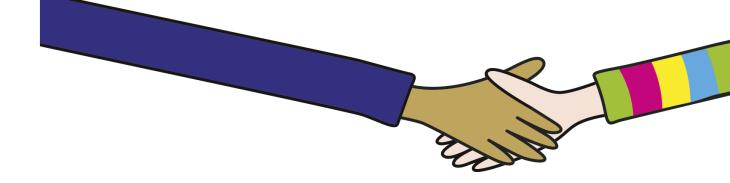


**Emotional Impact** 



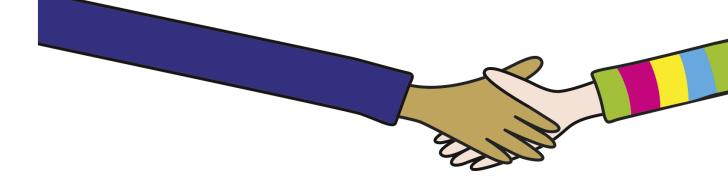


Physical Health



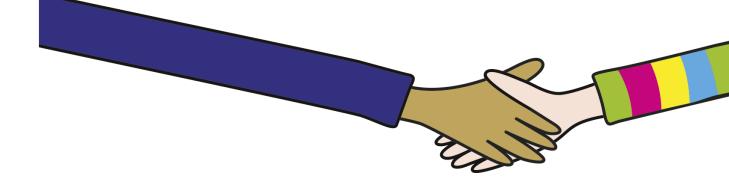


Social





Education

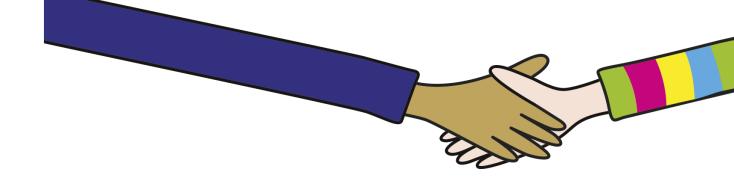








## What support do you think the Young Person needs from CYC?





















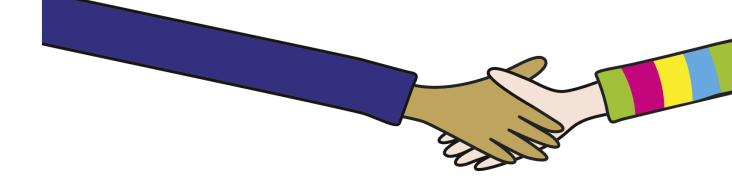






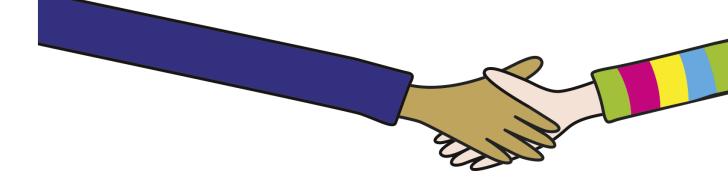


Does the Young Person currently have access to 1 to 1 support in or out of school?



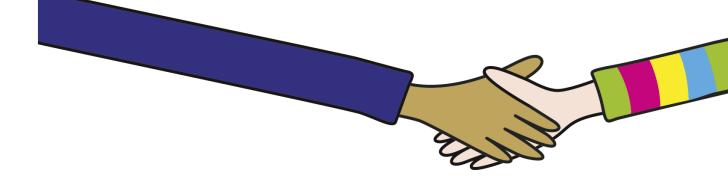


Yes





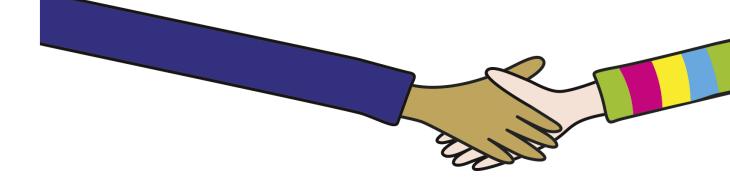
No





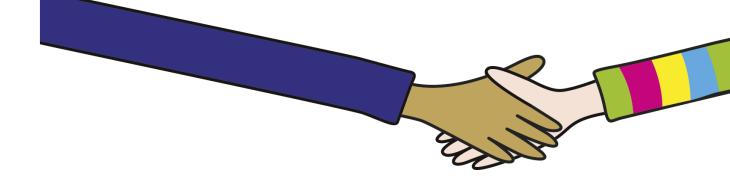


If no: Would the Young



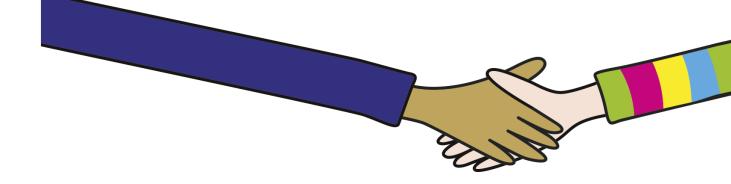


Person benefit from 1 to 1 support?



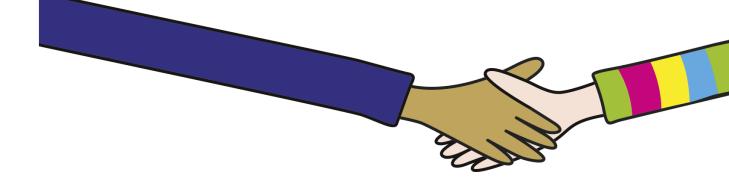


Further Information





Education:



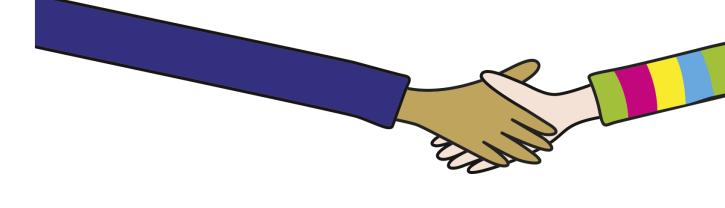




Educational establishment

Named Person

Contact details

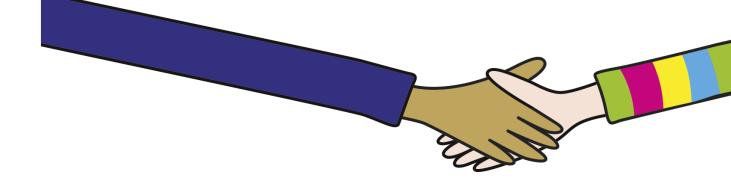








Agencies supporting the Young Person / Family:



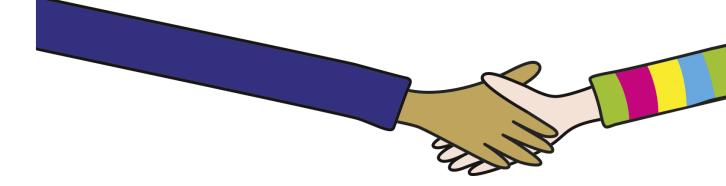


Agency

Worker

Contact details

Service offered

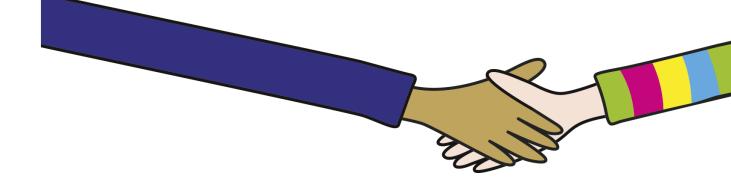






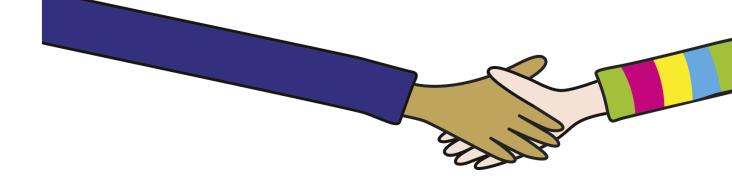


Any significant others in the Young Person's life?



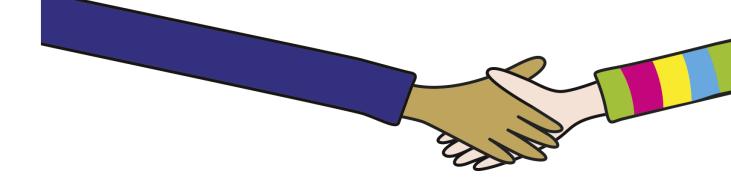


Any Person who has regular contact with the Young Person/s in the home (e.g. absent





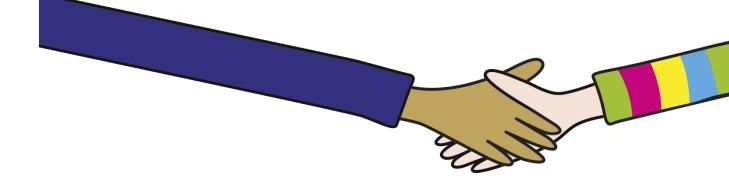
parents, foster carers, extended family, family friends etc.)





Name

Relationship to Young Person Level of contact





















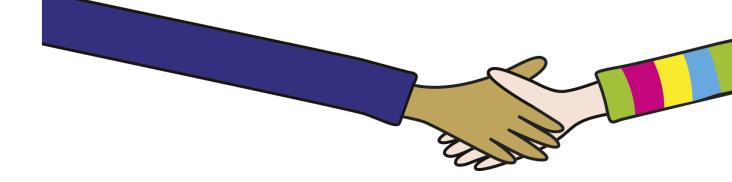




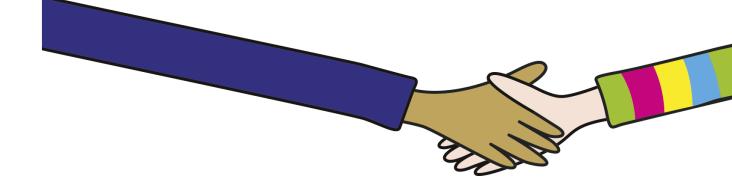




Are there any significant family circumstances/safeguarding issues we should be aware of?













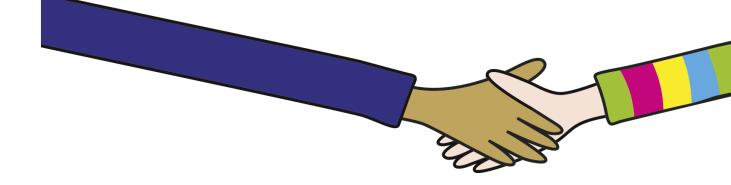






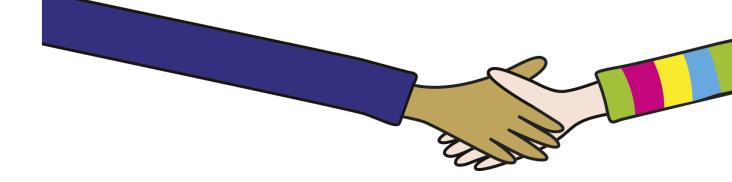


Are there any Personal safety issues that should be considered before visiting the family?





Are there any pets for example?





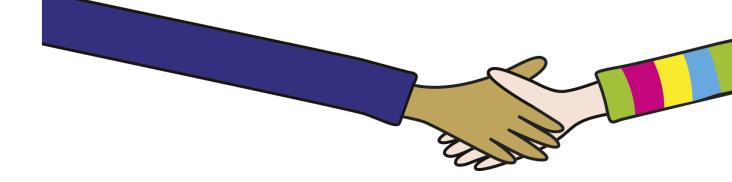




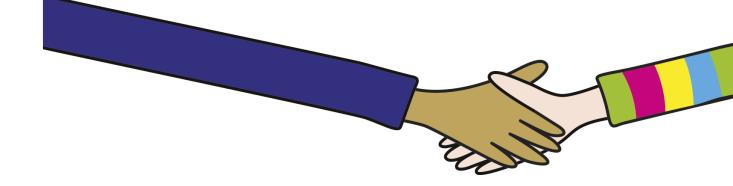




Any other comments/ description of the home situation?













## Thank you for taking the time to complete the referral

