

## REFERRAL FORM

**Please complete the criteria questions below before proceeding**

REFERRAL CRITERIA		
	<b>The Young Person:</b>	Please tick <b>ALL</b> boxes
1	Is between the age of 5-18 years old	
2	Lives in either Forth, Inverleith, Western or Almond area	
	<b>The Young Person cares for someone with:</b>	Please tick <b>ONE</b> box <b>MINIMUM</b>
1	A physical disability	
2	Mental illness	
3	A learning disability	
4	A long-term illness	
5	A terminal illness	
6	Alcohol or substance misuse	
7	Is elderly	
8	Other (please give details):	
	<b>Their caring role has a direct impact upon, or affects:</b>	Please tick <b>ONE</b> box <b>MINIMUM</b>
1	Social inclusion	
2	Educational opportunities and achievement	
3	Their emotional health and wellbeing	
4	Their physical health and wellbeing	
5	Family relationships	
Any additional comments:		

**Capital Carers**  
**Young Carers Project**  
**The Prentice Centre**  
**1 Granton Mains Avenue**  
**Edinburgh EH4 4GA**  
**Tel: 0131 315 3130**  
**Email: [kirsty@nwcarers.org.uk](mailto:kirsty@nwcarers.org.uk), [ruth@nwcarers.org.uk](mailto:ruth@nwcarers.org.uk)**  
**Web: [www.nwcarers.org.uk](http://www.nwcarers.org.uk)**

OFFICE USE ONLY	
ID Number	Date Received
Processed on	Home Visit
Consent Forms	Start Date

**PLEASE COMPLETE ALL RELEVANT SECTIONS OF THE REFERRAL FORM,  
OTHERWISE, THE REFERRAL WILL NOT BE ACCEPTED.**

YOUNG CARER DETAILS	
First Name:	Last Name:
Date of birth:	Age at date of referral:
Gender:	Ethnicity:
Cultural - Religious Factors:	Young Carers Contact Number:
Young Carers Email:	Main Language spoken at home:
Address:	
Own health conditions/illness/disability/mental health/communication needs: (if any, please give details)	
Brief description of the Young Carer: (i.e., personality, likes, dislikes)	

SCHOOL/COLLEGE DETAILS			
Name of school/college:	Year Group:		
Are the school/college aware of the referral?	Yes	No	Don't know
Does the school/college have a Young Carer Coordinator?	Yes	No	Don't know
Main contact in school/college:			
Role in school/college:			
Email:		Phone number:	
Support currently in place for Young Carer:			

<b>YOUNG CARER DETAILS</b>		
<b>Does the young carers caring role impact on any of the following?</b>	<b>Yes</b>	<b>No</b>
Personal behaviour		
Family breakdown		
Mental health and wellbeing		
Physical health		
School behaviour		
School attendance (please include percentage)		
Self-esteem/confidence		
Social contact/friendship		
Isolation		
Time for themselves		
Financial worries		
Living / Housing conditions		
<b>Are there any Child Protections concerns for the young carer?</b>		
<b>Are they on the Child Protection register?</b>		
<b>Has a GIRFEC assessment of need been carried out? (if yes please attach with this document and send via post ONLY)</b>		
Please add any additional information for any of the above here:		

<b>OTHER AGENCIES INVOLVED WITH YOUNG CARER</b>		
Is the <b>young carer</b> involved with, or getting help/support from any other agencies? If yes, please give details:		
Name of agency	Contact Person	Contact Details

WHO DOES THE YOUNG CARER CARE FOR?				
First Name	Surname	Relationship to Young Carer	Reason for needing care	Age

Is the young carer the primary/main carer?	Yes	No	Don't know
If no, who is the primary/main carer?			

YOUNG CARERS CARING RESPONSIBILITIES		
Type of support provided by Young Carer (please tick all that you are aware of)	Yes	No
<b>Domestic Support/Care</b> (cleaning, cooking, washing up, laundry etc.)		
<b>Household Management</b> (mowing the grass, repairs, decorating, taking responsibility for shopping etc.)		
<b>Financial and Practical</b> (help with benefits, filling out paperwork, helping with bills, working part time to help bring in money, supporting communication by interpreting/signing etc.)		
<b>Personal Care</b> (collecting prescriptions, measuring out or giving medication, hair and nail care, support to appointments, assisting with mobility, help to eat or drink etc.)		
<b>Intimate Care</b> (support to have a wash/bath/shower, shaving, toileting, help dressing etc.)		
<b>Emotional Care</b> (keeping someone company, sitting with them, reading to them, talking to them, playing games, listening to their worries, supporting them to socialise etc.)		
<b>Sibling Care</b> (taking them to school, looking after them while another adult is nearby, looking after them while no adults are nearby etc.)		
<b>Night Time Care</b> (having to stay up late, get up early, broken sleep due to getting up in the night to care for someone)		

<b>OTHER AGENCIES INVOLVED WITH CARED FOR PERSON/PEOPLE:</b> (Social Work, Health, Occupational Therapy, VOCAL, The Action Group, PYCP, MYDG, FABB, CAMHS etc.)			
Agency	Contact Name	Job Title/Role	Contact Details

<b>PARENT/GUARDIAN DETAILS</b>	
First name:	First name:
Last name:	Last name:
Address if different to young carer:	Address if different to young carer:
Contact number:	Contact number:
Email:	Email:
Relationship to the young carer:	Relationship to the young carer:
Who lives in this household?	If this is a separate household, who lives in this household?

<b>ADDITIONAL SAFETY INFORMATION - FOR STAFF VISITING THE FAMILY AT HOME</b>							
Are there any known hazards which need to be considered before a home visit can be planned?							
Hazard	Yes	No	Don't know	Hazard	Yes	No	Don't know
Aggression				Pets			
Domestic Abuse				Poor Phone Signal			
Drug/Alcohol abuse				Does anyone smoke			
Access to home							
If yes please give further details:							

REFERRER DETAILS	
First name:	Last name:
Agency/organisation:	
Relationship to the Young Carer:	Address:
Contact Number:	
Email:	
When are the best times for you to be contacted?	
How did you hear about us?	
In your opinion what type of support would best meet the needs of the Young Carer, and why?	
Has the child/young person <b>GIVEN CONSENT</b> for this referral (required) <input type="checkbox"/> Yes <input type="checkbox"/> No Child/young person's signature:  (If child/young person has not signed, please give details why e.g. verbal consent over the phone)	
What outcome does the child/young person want from being involved with Capital Carers Young Carers Project?	
Does the family know about this referral?	
Referrer Signature:	
Date:	

Please return to: Capital Carers Young Carers Project, 1 Granton Mains Avenue, Edinburgh EH4 4GA  
or email to: [kirsty@nwcarers.org.uk](mailto:kirsty@nwcarers.org.uk), [ruth@nwcarers.org.uk](mailto:ruth@nwcarers.org.uk)