

**Please note: All fields are mandatory**

Professional

Self Referral  How did you hear about us?.....



Name:

Date:

Role / Team:

Contact number:

**Devon Young Carers Enquiry / Referral**

I confirm I have permission from the parent or guardian of the person named on this form to make this referral if under 16

|             |  |
|-------------|--|
| Parent Name |  |
|-------------|--|

I confirm this individual provides unpaid care for a family member or friend who is ill, frail, disabled or has a mental health or substance misuse problem.

This young carer has been identified as part of an assessment of the cared-for person.

|                                    |  |   |
|------------------------------------|--|---|
| Name                               |  | Gender:   |
| Address                            |  |   |
| Telephone Number                   |  | OK to leave a message? <input type="checkbox"/><br><i>Messages cannot be left without carer consent</i> |
| If not tel, best method of contact |  |   |
| Date Of Birth                      |  |   |
| School Attending                   |  |   |

This carer/parent requires additional support, ie Enabler, Translator, Advocate  if yes please explain

|  |   |
|--|---|
| Does caring have an adverse effect on any of the following:  |   |
| The health of the child <input type="checkbox"/>   |   |
| The social development of the child <input type="checkbox"/>   |   |
| The emotional development of the child <input type="checkbox"/>  |   |
| The educational development of the child <input type="checkbox"/>  |   |
| If you have answered Yes to any of the above please complete the next section.   |   |
| Impact of caring, tick only those that apply:  |   |
| Impacting on education <input type="checkbox"/>  | Struggling physically <input type="checkbox"/>          |
| Unable to engage with activities or hobbies <input type="checkbox"/>   | Struggling mentally <input type="checkbox"/>            |
| Struggling to support other members of the family <input type="checkbox"/>   | Socially isolated <input type="checkbox"/>              |
| Adversely affected by the behavior of the cared-for <input type="checkbox"/>   | Assists to maintain their home <input type="checkbox"/> |
| Providing an inappropriate level of care <input type="checkbox"/>  | Supporting siblings <input type="checkbox"/>            |
| Domestic abuse within the family (including historic) <input type="checkbox"/>   |   |
| Has an Early Help Assessment been carried out with the family <input type="checkbox"/>                                     |   |
| Right for Children ID number:  |   |
| Is there a social worker involved with the young carer being referred <input type="checkbox"/> if yes, please give details |   |
| <b>PTO</b>   |   |

**Under Data Protection we will only retain this referral form for a maximum of 8 weeks. If the named individual has not been contacted within 4 weeks of the date of receipt then please call 03456 434435 to follow up.**

Any risks for home visit? , if Yes please explain

Are there any communication difficulties , if Yes, please explain

What Information, advice, or preventative support is already in place:

Who is the young carer caring for:

What is the condition of the cared-for person:

**FOR DEVON CARERS USE ONLY**

|                     |  |
|---------------------|--|
| Added to Charitylog |  |
| Charitylog ID       |  |
| Sent to YC Team     |  |

Admin completed by:

Date:

Please return securely to: [youngcarers@devoncarers.org.uk](mailto:youngcarers@devoncarers.org.uk)

OR

Devon Young Carers

Westbank

Farm House Rise

Exminster

EX6 8AT