

Young Carers assessment request form

A young carer is a person under 18 who regularly provides emotional and/or practical support and assistance for a family member who is disabled, physically or mentally unwell or who misuses substances.

Person making request	
Name of referrer:	
Agency:	
Address:	
Post Code:	
Contact number:	
Contact email address:	
Date of request:	Click here to enter a date.

Please tick and sign below to confirm you have obtained consent from the family/individual regarding making this referral and have explained the Data Protection statement below*

Yes No

“Data Protection Act 1998 – We need to collect the information in this young carer referral form so that we can understand what help is needed. We will need to share this information with The Carers Hub who are the commissioned service to support young carers living in Stoke-On-Trent and Staffordshire whose staff have a current Disclosure and Barring Service (DBS) check. They will treat your information as confidential and will not share it with any other organisation unless they are required by law to share it or unless the young carer will come to some harm if they do not share it. In any case they will only share the minimum information they need to share. There may be occasions when they do have to talk to someone without your permission. This will only happen in certain circumstances and when staff feels it is absolutely necessary. These circumstances include when there is a risk of serious harm, when there are child protection concerns or in extreme circumstances when they are ordered by the courts. Whenever possible they discuss this with you and try to involve and support you through this process.”

Please see our Early Help Fair Processing Notice for more information regarding Data Protection

https://www.stoke.gov.uk/directory_record/333387/early_help/category/392/children_and_families

Signature of Parent/ Carer/ Guardian	
Signature of Young Person (if Gillick Competent)	
If verbal consent gained only please state when and how this was gained	

*please note without consent we will only accept the referral from the date we receive consent

Child and family details				
Child/young person name				
Address (including postcode)				
Date of Birth		Click here to enter a date.		
Gender		Choose an item.		
Ethnicity		Choose an item.		
What school does the child attend?				
GP name and surgery				
Are there any risks or special requirements when contacting the family?				
Best person to contact and contact details incl. telephone and email				
Members of the household				
Name	Date of birth	Relationship to young carer	Cared for person?	Primary reason for care
	Click here to enter a date.	Choose an item.	Choose an item.	Choose an item.
	Click here to enter a date.	Choose an item.	Choose an item.	Choose an item.
	Click here to enter a date.	Choose an item.	Choose an item.	Choose an item.
	Click here to enter a date.	Choose an item.	Choose an item.	Choose an item.
	Click here to enter a date.	Choose an item.	Choose an item.	Choose an item.
	Click here to enter a date.	Choose an item.	Choose an item.	Choose an item.
Please give a brief summary of why you think the child may be a young carer				
How many hours a week do they provide care?	0-19	<input type="checkbox"/>	20-49	<input type="checkbox"/>
			50+	<input type="checkbox"/>

Child additional information		
Disability		
Behaviour <input type="checkbox"/>	Communication <input type="checkbox"/>	Consciousness <input type="checkbox"/>
Autism/Aspergers <input type="checkbox"/>	Hand function <input type="checkbox"/>	Hearing <input type="checkbox"/>
Incontinence <input type="checkbox"/>	Learning <input type="checkbox"/>	Mobility <input type="checkbox"/>
Personal care <input type="checkbox"/>	Other DDA diagnosis <input type="checkbox"/>	
Current support status		
EHCP	<input type="checkbox"/>	
Early Help	<input type="checkbox"/>	
CIN Plan	<input type="checkbox"/>	
Child Protection Plan	<input type="checkbox"/>	
Looked After Child	<input type="checkbox"/>	

Professionals and services involved with the family (include names, contact numbers and indicate if they are the lead worker)		
Name/agency	Contact number	Lead Worker?

**Have you provided any support to the family?
If so, please outline the work undertaken**

Please send the completed form to

ChAD.referrals@stoke.gov.uk