










### Willow Young Carers Service Referral Form

Please read the **GUIDANCE NOTES** first and use clear and concise text when completing this referral form. Answer all questions and make sure it is signed by the child or young person and parent(s). Thanks.

Referrer's Details			
<b>Name</b>		<b>Title or Role</b>	
<b>Agency</b>			
<b>Address</b>			
<b>Phone Number</b>		<b>Email</b>	
<b>Date referral completed with family:</b>	<p><b>It is important that we have consent from the parents or carers and the young person, please ensure that everyone signs at the end of this form... thank you!</b></p>		
<b>Have the family received support from Willow previously? (Please state who and when)</b>			
 <b>YOUNG CARER'S DETAILS</b> 			
<b>Child or Young Person's Name:</b>		<b>Date of Birth</b>	
<b>Address</b>  + 			
<b>Phone Number(s)</b> 		<b>Area</b>	
<b>School or College</b> 		<b>Ethnicity</b>	
<b>Relationship to cared for person</b>	Daughter or Son <input type="checkbox"/> Sibling <input type="checkbox"/> Other .....	<b>Faith</b>	
<b>Number of hours spent caring per week</b>	1 – 19 hours <input type="checkbox"/> 20 – 49 hours <input type="checkbox"/> 50+ hours <input type="checkbox"/>	<b>G.P</b> 	

## Additional Needs

Please let us know how we can help to communicate with the child or young person and the person cared for.

### Interpreter:

(If the family uses a particular service, please give details)




**Preferred Language:** (Please state special dialect or sign etc.)

**Other information we need to know:** (e.g; does the child or young person have any health issues of their own, any access needs or other support needed)



## Information on Cared for Person (parent, carer, sibling, relative)



<b>Name</b>	
<b>Address</b>  	
<b>Nature of illness or disability</b> 	
<b>At the time of referral, where is the cared for person?</b>	At home <input type="checkbox"/> In hospital <input type="checkbox"/> Please give details:

### Information on Other Agencies Involved

Please give contact details and brief description of their work with the family

<b>Work undertaken by the referring agency</b>	
<b>Other Agencies Details</b> (please specify if the child or young person has an allocated social worker)	
<b>Is the child or young person the subject of a child protection plan</b>	

**RISKS – Are there any known risks to personal safety which would be relevant to the worker who will contact or visit the family?**

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### Caring Responsibilities Undertaken by the Child or Young Person

Please describe in details all practical and/or emotional caring responsibilities!

**See Guidance Notes!**

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## The Impact of Caring Responsibilities on the Child or Young Person

Please describe how caring for a relative impacts on his or her physical and mental health, education, emotional and behavioural development, identity, family and social relationships



**What does the child or young person want from Willow?**



**What does the referrer, parent or carer feel the child or young person will gain from Willow?**



**Child or Young Person's Comments on the Referral (if any):**

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**I have read or seen the Willow Leaflet and am happy to be referred to the Young Carers Service.**

**I understand and agree that my details will be added to Willow database on the computer under the Data Protection Act 1998 whether or not I decide to work with Willow.**



.....  
Signature of child or young person

Date:



.....  
Signature of parent or carer

Date:



.....  
Signature of referrer

Date:

