|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Details of Young Carer being referred:**  **Young Carers Personal Budget Referral Form: RBKC** | | | |  | | | | | |
| Full name: | | | |  | | | | | |
| D.O.B: | | | |  | | | | | |
| Gender: | | | |  | | | | | |
| Ethnicity: | | | |  | | | | | |
| Address: | | | |  | | | | | |
| Contact Number: | | | |  | | | | | |
| Email address: | | | |  | | | | | |
| Has the Young Carer consented to this referral? | | | |  | | | | | |
| Has the Parent/Carer consented to this referral? | | | |  | | | | | |
| Interpreter Needed? | | |  | Language? | | |  | | |
| **2. Family Composition: (Please include YC and ALL direct family members)** | | | | | | | | | |
| Name | | Relationship to YC | | | D.O.B | Ethnicity | | Disability? | Contact Number: |
|  | |  | | |  |  | |  |  |
|  | |  | | |  |  | |  |  |
| **3. Details of current support services/agencies involved (i.e. any other statutory teams or voluntary services and what their current involvement is)** | | | | | | | | | |
| Childrens Social Care: | |  | | | | | | | |
| School: | |  | | | | | | | |
|  | |  | | | | | | | |
| **4. Reasons for Referral:** | | | | | | | | | |
| * ***Who do they care for & why?*** * ***How is the caring role impacting the young carer’s health & wellbeing?*** * ***What activities is the young person interested in?*** | | | | | | | | | |
| **5. Referrers Details:** | | | | | | | | | |
| Name: |  | | | | | | | | |
| Agency/Service and role: | |  | | | | | | | |
| Contact Number: | |  | | | | | | | |
| Email Address: | |  | | | | | | | |
| **6. Level of safeguarding concern:** Please circle  **Universal Early Help CIN CP** | | | | | | | | | |
| **7. Please note any known risks to staff safety & info re lone working (e.g. family have large Dog/ flat doorbell not working etc).** | | | | | | | | | |

Please return the completed referral form to: [YCPersonalbudget@family-action.org.uk](mailto:YCPersonalbudget@family-action.org.uk)