**Leeds Young Carers Support Service Self-Referral Form**

**How to refer**

Please include as much information as possible as this will help us ensure you and your family receive the right support. The referral form can be used to refer more than one child/young person in a household. If there are more than two children/young people that you would like to refer please add there details in the ‘Young Carer’ section.

Please email the completed form to leedsyoungcarers@family-action.org.uk.

You will receive an email response confirming we have received your referral and when to expect further contact from us on what type of support we are able to provide you and your family.

If you would like further support and/or advice on our support or on how to complete this referral form please don’t hesitate to contact us 0113 733 9126 or via email leedsyoungcarers@family-action.org.uk.

**About our service**

We support families where a child or young person in the home is providing care for someone who has a mental health or physical illness, disability or a difficulty with drugs or alcohol.

We meet with the young carer and their family to understand what is going well and what is causing difficulties.

Our priorities are to:

* Reduce the amount of caring a young carer is doing.
* Ensure the cared for person is receiving all the support and financial benefits available to them
* Help the young carer to get more support at school or college.
* Make sure that the young carer has someone to talk to when things are difficult.
* Support young carers during transition periods including changing schools and accessing adult services

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| Young Carers Details |
|  | Young Carer 1: | Young Carer 2: |
| Full name:  |  |  |
| Date of Birth: |  |  |
| Gender: |  |  |
| Ethnicity: |  |  |
| Language: |  |  |
| Any known special education needs or disabilities: |  |  |
| School/College: |  |  |
|  | Parent/Guardian 1: | Parent/ Guardian 2:  |
| Full name:  |  |  |
| Date of Birth: |  |  |
| Gender: |  |  |
| Ethnicity: |  |  |
| Language: |  |  |
| Address and Postcode: |  |  |
| Email Address: |  |  |
| Mobile Number: |  |  |
| Consent to contact:  | YES / NO | YES / NO |
| Other members of the family/household: |
| Name/s | Date of Birth | Relationship to Young Carer |
|  |  |  |
|  |  |  |
|  |  |  |
| Cared for person’s details |
| Full name:  |  |
| Date of birth:  |  |
| Relationship to Young Carer: |  |
| Medical condition/ Diagnosis: |  |

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| These are some of the responsibilities my child has: | *Please tick* |
| Practical Care (*cleaning, meal prep, food shopping, finances etc*)Please provide details:  |  |
| Personal Care (*bathing, dressing, help with feeding, mobility, medication, communication etc*)Please provide details:  |  |
| Emotional Care (*keeping an eye on someone, calming or comforting etc*)Please provide details:  |  |
| Sibling Care *(looking after brothers and/or sisters)*Please provide details:  |  |
| The caring role regularly has an impact on my child’s: | *Please tick* |
| A picture containing toy, doll  Description automatically generatedEmotional Health (*feel overwhelmed, stressed, low mood etc*)Please provide details:  |  |
| A picture containing text, toy, doll  Description automatically generatedSocial Life (*taking part in activities, time spent with friends etc*)Please provide details:  |  |
| A stack of colored pencils  Description automatically generated with low confidenceEducation (*late or missed days, poor concentration, homework etc*)Please provide details:  |  |

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| Support for your caring role: |
| What support do you have from family and friends? |  |
|  | Name of Service: | Name of worker  |
| Are you and your family supported by other services?(*Professional Carers, medical practitioners, counselling etc*) |  |  |
|  |  |
|  |  |
|  | Lead Contact: |
| Are you and your family supported by Children’s Social Care or Family Services?  | Child Protection Plan | YES / NO | Name:Phone number:Email address:  |
| Child in Need Plan | YES / NO | Name:Phone number:Email address:  |
| Early Help Plan | YES / NO | Name:Phone number:Email address:  |
| What support would you like from your Young Carers Service(*One to one support, meet other young carers, help to access other services etc*) |  |

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| Details of the person completing this form |
| Full name:  |  |
| Phone number |  |
| Email address |  |
| Relationship to young carer/s |  |

I agree for this referral to be made to Family Action Young Carers and my family would like engage with the support they offer.

Parent/Guardian

Signature: Date:

Family Action complies with current Data Protection legislation. This form and the information it holds will be transferred to our secure database, along with all records of any work we do with the family. For information on how Family Action stores and uses your personal data in line with GDPR, please see our Privacy Notice at [www.family-action.org.uk/privacy-notice](http://www.family-action.org.uk/privacy-notice)