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| **Referral Form** | | |
| Date of referral | 06/12/23 | Please Return to: [admin@fifeyoungcarers.co.uk](mailto:admin@fifeyoungcarers.co.uk) |

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| Where did you hear about Fife Young Carers? | Fife Young Carers Education Officer | | | |
| Is this a self-referral? **A young person may make a self-referral if they are aged 12 or over.** | Yes ☐ | | No ☐x | |
| * We ask that the young person you are referring is made aware of the referral prior to it being submitted. * Where appropriate we ask that parents/guardians are made aware. * Fife Young Carers will take a photograph of the young person referred which will be stored on our database as appropriate. | | | | |
| Are the family aware of the referral? | Yes ☐x | No ☐ | Reason if not: |  |
| Is the young person aware of the referral? | Yes ☐x | No ☐ | Reason if not: |  |

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| **About the Young Carer** | | | | | |
| Name |  | Date of Birth |  | Gender | Female |
| Address |  | Home Number |  | | |
| Mobile Number |  | | |
| Postcode |  | Email |  | | |
| Name of school/college | Benarty Primary School | Year |  | | |
| **Main Parent/Guardian Details** | | | | | |
| Name |  | Relationship |  | | |
| Address (if different from above) |  | Home Number |  | | |
| Mobile Number |  | | |
| Postcode |  | Email |  | | |

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| **Caring Role** | | | | | | | |
| Cared For person’s name |  | | Relationship |  | Do they live at the same address? | Yes ☐ | No ☐ |
| What is the health condition(s) affecting the cared for person? |  | | | | | | |
| Is the young person the main carer? | Yes ☐ | No ☐ | If no, who is the main carer? | |  | | |
| Cared For person’s name |  | | Relationship |  | Do they live at the same address? | Yes ☐ | No ☐ |
| What is the health condition(s) affecting the cared for person? |  | | | | | | |
| Is the young person the main carer? | Yes ☐ | No ☐ | If no, who is the main carer? | |  | | |

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| **Reason for referral** | | | | | | | | |
| Please summarise the reason for the referral, the young person’s caring role and its effects on their day-to-day life. | |  | | | | | | |
| Are there any other organisations involved in supporting this family?  Fife Young Carers may contact the agencies mentioned in this referral for additional information. | |  | | | | | | |
| Please include any support the young person already has in place. | |  | | | | | | |
| Is there any other information you wish to add that may help prioritise this referral? | |  | | | | | | |
| **Referrer – Who is making the referral** | | | | | | | | |
| Name | Marianne Sankey | | Relationship to young person | | Young Carers Champion | | | |
| **If referrer is from an organisation, please add…** | | | Organisation / Role | | Benarty Primary School Class Teacher | | | |
| Contact number | 07801279899 | | Email | | Marianne.sankey@fife.gov.uk | | | |
| **MAILINGS** | On occasion Fife Young Carers sends information about services we provide and events we are holding. Please tick here if you would like to receive these mailings. | | | | | | | ☐x |
| **Risk Assessment** - Fife Young Carers have a lone working policy which requires staff to do a risk assessment prior to any home visit or individual work in the community with a young person. | | | | | | | | |
| **Are you aware of any risks?** | | | | | Yes ☐ | | No ☐x | |
| If yes, please detail. | |  | | | | | | |
| **Young Carers Statement – for YC up to age 18 and in Education. (Professionals only)** | | | | | | | | |
| Have you offered the young person a Young Carers statement? | | Offered and attached: ☐x | | | | Offered but declined: ☐ | | |
| Reason declined | |  | | | | | | |
| The Statement and Guidance can be found at: <https://girfec.fife.scot/girfec/resources-and-publications> | | | | | | | | |
| **In order to process this referral and complete our assessment process we are required to store the details that you have provided on this form. All details on this form will be stored in FYC’s secure database in line with our Data Protection Policy.** | | | | | | | | |
| We may contact you as the referrer, or the organisation you work with for more information. | | | | | | | | |
| **Referrer Signature - I confirm the details provided are accurate.** | | | | | | | | |
| Signed | | | | Date | | | | |

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| **Information for the young carer / parent or guardian.** |
| Please note details will be processed through legitimate interest. The referral will be allocated to a staff member to undertake an assessment. We aim to assess within two months; however this may vary due to service demand. At that time, our staff member will contact you to discuss the referral and arrange to meet with the young person in school or the community to carry out an initial assessment. The purpose of this assessment is to agree which service, if any, within Fife Young Carers is the most appropriate.  All information will be stored electronically on Fife Young Carers secure database or manually in a locked cabinet. All files will be destroyed after the child/young person leaves our service as per our Data Protection Policy. |