Young Adult Carers 16 - 25 Referral Form

Please use **BLOCK CAPITALS** and ensure all boxes are completed.

If under 18 years old, carer or parent, must have consented to referral.

Date of completion: **Completed By:**

PERSONAL DETAILS

First Name:		Surname:	
Middle Name(s):		Sex:	☐ Male ☐ Female
Date of Birth:		Ethnicity:	
Home Address:	Postcode:		
Preferred telephone number:		Alternative telephone number:	
Email:			
School / College / NEET status:		GP Practice:	
NI Number *(if known):*		NHS Number *(if known):*	
How would you, the young person, like to be contacted?	☐ At home ☐ At School/College ☐ Mobile ☐ Text ☐ Email ☐ Other:		

By providing us with your phone, mobile and email address details, **you are giving us consent** to contact you via these methods.

REFERRAL DETAILS

Referred by (Name):		Job Title:	
Referees Organisation and Address:	Postcode:	Referees Telephone:	
		Referees Email:	
Referral Type:	☐ Self ☐ Family ☐ TYCS ☐ School / College ☐ Checkpoint ☐ CSW ☐ GP ☐ CIN/Safeguarding ☐ Children's Integrated Services ☐ Children's Early Help ☐ Job Centre Plus ☐ Careers SW ☐ Mental Health/CAMMHS ☐ Drug/Alcohol ☐ Adult Health & Social Care ☐ Other Health ☐ Other: ………………………………		
Is the person being referred known to Children's Services i.e. Child Protection or Children in Need? ☐ Yes ☐ No			

INFORMATION ABOUT THE CARING ROLE and FAMILY COMPOSITION

Who is the main person you are caring for?	☐ Mother ☐ Father ☐ Sibling ☐ Grandparent ☐ Other: ....
Are you the main carer?	☐ Yes ☐ No
What difficulties does the cared for person have?	☐ Substance Misuse; ☐ Mental Ill Health; ☐ Elderly Frail; ☐ Dementia (including memory); ☐ Physical Disability; ☐ Learning Disability (including ADHD, Autistic SD, Behavioural); ☐ Sensory Disability; ☐ Long-term Illness or Condition; ☐ Terminal Illness.
Details of Caring role (tick as many that are relevant to your caring role):	☐ Dressing ☐ Toileting ☐ Washing, Bathing and Showering ☐ Meal preparation ☐ Medication ☐ Shopping and cleaning ☐ Laundry ☐ Transferring on or off bed/bath/chair toilet ☐ Transport ☐ Mobilising indoors or outdoors ☐ Emotional Support ☐ Managing Behaviour ☐ Activities ☐ Keeping safe ☐ Dealing with correspondence/finances ☐ Making calls/visit about or for them ☐ Other: ....
Do you care for anyone else?	☐ Yes ☐ No — Who? ☐ Mother ☐ Father ☐ Sibling ☐ Grandparent ☐ Other: ....

FAMILY COMPOSITION (people you, the young person, live with):

Family Name	First Name	Date of Birth	M / F	Relationship	* Consent to Share F / P / N

** Consent to share information: **(F) Full Consent (P) Partial Consent (N) No Consent**, to share information.*

OTHER SIGNIFICANT CONTACTS (Extended family and other parties who help with Caring Role):

Name	Address	Relationship

ADDITIONAL INFORMATION

Please detail any other information below:

Would you like a copy of your paperwork?	☐ Yes ☐ No

FOR OFFICE USE ONLY:

Assigned Caseworker		**Date contacted:**	
YAC Number:		**PARIS No:**	
Caseworker advised of PARIS ID and YAC number and documentation processed and securely filed:			☐ Yes

Once completed, please send to:

Young Adult Carers, Torbay and South Devon NHS Foundation Trust
Room 17
Paignton Carers Centre
Great Western Road
Paignton
TQ4 5AG

Tel: 01803 208455 or 01803 852421
Email: torbayyac@nhs.net

Working with you, for you.

Torbay Carers Service