

Registration/Referral Date:

**Only complete this section if a referral**

Referrer Name & Job/Organisation	
Referrer Telephone Number	
Referrer E-mail Address	
Briefly state your relationship with the YC and any support you provide	

**Young Carer**

Young Person's Name:			
Address:			
Tel. No.:			
Email address:			
DOB:			
Age:			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other:
Ethnicity:			
Religion:			
Illness/disability/condition:			
School/College:			
Academic Year:			
Is the school aware of this referral / the young person's caring role?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the YC aware of this referral?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there a Child Protection Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there a Child in Need Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there a Team Around the Family Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**Parent/Guardian 1**

Name:	
Relationship to YC:	

Address:			
Tel. No.:	Home:		Mobile:
Is the parent/guardian aware of this referral?			

Parent/Guardian 2			
Name:			
Relationship to YC:			
Address:			
Tel. No.:	Home:		Mobile:
Is the parent/guardian aware of this referral?			

Cared For			
Name:			
Relationship to YC:			
DOB:			
Age:			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other:
Ethnicity:			
Illness/disability/condition:	<input type="checkbox"/> Physical disability		
	<input type="checkbox"/> Mental illness		
	<input type="checkbox"/> Substance addiction		
	<input type="checkbox"/> Other:		
Is the YC currently undertaking a caring role?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
What type of care is the young person providing?	<input type="checkbox"/> Personal Care (washing, dressing, etc)		
	<input type="checkbox"/> Emotional Support		
	<input type="checkbox"/> Financial Support		
	<input type="checkbox"/> Other:		
Hours per week:	<input type="checkbox"/> 0-5hrs	<input type="checkbox"/> 6-14hrs	<input type="checkbox"/> 15-35hrs
			<input type="checkbox"/> 35+ hrs

Other People Living in the Home	
Are there other young people under 18 in the household undertaking a caring role?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sibling name:	Sibling DOB:
Sibling name:	Sibling DOB:
Sibling name:	Sibling DOB:
Are there adult carers in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name/s of adult carer/s:	



**Please send the completed form to:** EyPIC Project Worker, Enfield Carers Centre, Britannia House, 137-143 Baker Street, Enfield, EN1 3JL **or email to:** [youngcarers@enfieldcarers.org](mailto:youngcarers@enfieldcarers.org)  
T: 020 8366 3677 / E: [info@enfieldcarers.org](mailto:info@enfieldcarers.org) / W: [www.enfieldcarers.org](http://www.enfieldcarers.org)  
Company No: 7149774 / Charity Registration No: 1140089

## Details of Young Person's Caring Situation

Describe the main caring responsibilities of the Young Carer (including details of the person/s being cared for, and the wider family circumstances where relevant) and the reason for referral.

Are there any safeguarding concerns or associated risks?

## Other Agencies Involved

Social Services	Contact Name:	
	Number:	
	Email:	
Child & Adolescent Mental Health Services (CAMHS)	Contact Name:	
	Number:	
	Email:	
Youth Offending Team (YOT)	Contact Name:	
	Number:	
	Email:	
Drug & Alcohol Awareness Team (DAAT)	Contact Name:	
	Number:	
	Email:	
School / District Nurse	Contact Name:	
	Number:	
	Email:	

Youth Service	Contact Name:	
	Number:	
	Email:	
Voluntary Agencies	Agency Name:	
	Contact Name:	
	Number:	
Other	Email:	
	Organisation Name:	
	Contact Name:	
	Number:	
	Email:	

## How We Can Help

What type of activities and service would help the young person?

- Improved social experiences** (fortnightly clubs & events)
- Help managing school/college work** (tuition, homework club, talking to school on your behalf & attending school meetings)
- Help managing their caring role** (someone to talk to about their caring role, advice regarding health & wellbeing)
- Mentoring**
- Other**

How would you like Enfield Young Carers Project to support this Young Carer?

Where did you hear about EyPIC?

## Contact and Consent

Can we contact the young person directly?  Yes  No

How can we contact the young person?  Phone  Text  
 Email  Leave message

Consent: I give consent for the young person to be involved in EyPIC and for them to be added to the carers' register. I understand how my data will be held and processed and have given my consent (see EyPIC consent form).

Signature:

Date: