**EyPIC Registration /**

**Referral Form**

**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 |  |

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| --- |
| **Young Carer** |
| Young Person’s Name: |  |
| Address: |  |
| Tel. No.: |  |
| Email address: |  |
| DOB: |  |
| Age: |  |
| Gender: | [ ]  Male | [ ]  Female | [ ]  Other: |
| Ethnicity: |  |
| Religion: |  |
| Illness/disability/condition: |  |
| School/College: |  |
| Academic Year: |  |
| Is the school aware of this referral / the young person’s caring role? | [ ]  Yes | [ ]  No |
| Is the YC aware of this referral? | [ ]  Yes | [ ]  No |
| Is there a Child Protection Plan? | [ ]  Yes | [ ]  No |
| Is there a Child in Need Plan? | [ ]  Yes | [ ]  No |
| Is there a Team Around the Family Plan? | [ ]  Yes | [ ]  No |

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| --- |
| **Parent/Guardian 1** |
| Name: |  |
| Relationship to YC: |  |
| Address: |  |
| Tel. No.: | Home: |  | Mobile: |  |
| Is the parent/guardian aware of this referral? |  |

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

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

|  |
| --- |
| **Other People Living in the Home** |
| Are there other young people under 18 in the household undertaking a caring role? |  [ ]  Yes [ ]  No |
| Sibling name: | Sibling DOB: |
| Sibling name: | Sibling DOB: |
| Sibling name: | Sibling DOB: |
| Are there adult carers in the home? |  [ ]  Yes [ ]  No |
| Name/s of adult carer/s: |  |

**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: |  |
| Email: |  |
| Other | 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: