EyPIC Registration / Referral Form

Registration/Referral Date:

Only complete this section if a referral

Referrer Name and Job/Organisation:	
Referrer Telephone Number:	
Referrer Email Address:	
Briefly state your relationship with the YC and any support you provide:	

Young Carer			
Young Carer's Name:			
Young Carer's Address:			
Young Carer's Date of Birth:			
Young Carer's Age:			
Young Carer's Gender:	☐ Male	☐ Female	☐ Other:
Young Carer's Ethnicity:			
Young Carer's Religion:			
Does the Young Carer have an illness, disability, or condition?			
Young Carer's School/College:			
Young Carer's Academic Year:			
Is the school aware of this referral / the young person's caring role?	☐ Yes	☐ No	
Is the Young Carer 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	

Parent/Guardian 1				
Full Name of Parent/Guardian:				
Relationship to Young Carer (e.g. mother, foster father):				
Address of Parent/Guardian:				
Telephone number of Parent/Guardian:	Home:		Mobile:	

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
Company No: 7149774 / Charity Registration No: 1140089

Email address of Parent/Guardian:	
Is the Parent/Guardian aware of this referral?	

Parent/Guardian 2				
Full Name of Parent/Guardian:				
Relationship to Young Carer (e.g. mother, foster father):				
Address of Parent/Guardian:				
Telephone number of Parent/Guardian:	Home:		Mobile:	
Email address of Parent/Guardian:				
Is the Parent/Guardian aware of this referral?				

Cared For				
Name of person being cared for:				
Relationship of the Young Carer to the person being cared for (e.g. brother, daughter, grandson):				
Date of Birth of person being cared for:				
Age of person being cared for:				
Gender of person being cared for:	☐ Male	☐ Female	☐ Other:	
Ethnicity of person being cared for:				
Illness/disability/condition of person being cared for:	☐ Physical disability			
	☐ Mental illness			
	☐ Substance addiction			
	☐ Other:			
Is the Young Carer 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:			
How many hours per week does the Young Carer provide support?	☐ 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
If yes, please provide the Name and Date of Birth of any siblings providing care:		
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 and events)
☐ **Help managing school/college work** (homework club, talking to school on their behalf and 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 EyPIC (Enfield Young People In Caring) to support this Young Carer?

Where did you hear about EyPIC?

Contact and Consent

Can we contact the Young Carer directly? ☐ Yes ☐ No

How can we contact the Young Carer? ☐ 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:

Enfield Carers Centre
Empowering Carers

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