



Referral Form

Please complete **all sections** of this referral form to the best of your knowledge. Missing or incomplete information will delay Young Carers Bucks from processing this referral.

It is intended that you complete the form electronically and send it via email to ycreferrals@carersbucks.org

SECTION 1: RERERRER DETAILS

Name		Date of referral	
Role (if applicable)		Agency (if applicable)	
Telephone		Email address	
Address			

SECTION 2: CONSENT

Parent/Guardian

Young Carers Bucks relies on voluntary participation. We are only able to accept referrals the family has consented to.

Young Carers Bucks complies with current Data Protection legislation. This form and the information it holds will be transferred to our secure database, along with all records of any work we do with you.

I agree for this referral to be made to Young Carers Bucks and I would like to engage with support they offer.

Signed: _____ **(Parent/Guardian)** **Date:** _____

Parent/Guardian's consent given but unable to sign form *(please tick)*

Please state reason for this:

SECTION 3: CONTACT DETAILS**Details of Young Person/s**

Young person's name/s	Date of Birth	Gender M/F	Disability Y/N

Family Details

Parent/Guardian name/s	Main telephone number	Email address	
Home address			
Language spoken at home		Interpreter required Y/N	
GP Surgery and contact info			

SECTION 4: CARING ROLE *Please state clear diagnosis and medical treatment received***Person/s being cared for**

Name	Date of Birth	Gender M/F	Medical Condition

Relationship to young carer

Impact of condition on young person

Name/s	Date of Birth	Gender M/F	Medical Condition
Relationship to young carer			
Impact of condition on young person			

<p>Please give details of the nature of their caring role, and the impact of caring on everyday life</p>	
<p>Support to the young person & family</p> <ol style="list-style-type: none"> 1. What support has your organisation already provided for this young person? 2. What support will you continue to offer? 3. What have other agencies done? Provide contact details 	

<p>What outcome/s are you looking for? (Point of view of the person making the referral)</p>	
FAMILY'S VOICE	
<p>What are the children's views about the referral?</p>	
<p>What are the parent/carer views about this referral?</p>	

SECTION 5: MULTIAGENCY SUPPORT		
<p>Are any other agencies already involved with this young person? If yes, please list below:</p> <p>1.</p> <p>2.</p>	Yes	No
<p>Is a referral also being made to any other agencies at this time? If yes, please list below:</p> <p>1.</p> <p>2.</p>	Yes	No
<p>Would a Multiagency Referral Form be appropriate?</p>	Yes	No
<p>Is this young person involved in a Child Protection or Child in Need Plan? Allocated Social Worker:</p>	Yes	No

SECTION 6: RISK ASSESSMENT

Is there evidence of, or a history of the following risks associated with the young person

	No Risk	Low	Medium	High
A risk to themselves				
A risk to others (please state who)				
Additional comments:				

Is there evidence of, a history or the following risks associated with this household

	No Risk	Low	Medium	High
Aggression				
Domestic Abuse				
Sexual offences				
Behaviour towards professionals				
Additional comments				
Are you aware of environmental dangers associated with home visit? <i>(e.g. access to the property, animals, conflict with persons outside of the home)</i>				
Would your organisation complete a lone working home visit to this family home?	Yes	No		