



Once completed please return this form to: Claire Sidebottom, Project Leader.

Kirklees Young Carers, Northorpe Hall Trust, Northorpe Lane, Mirfield, West Yorkshire, WF14 0QL

Details of the referrer

Name _____ Job Title _____

Agency _____

Address _____

Email _____ Tel _____

PLEASE COMPLETE AS MUCH OF THIS FORM AS POSSIBLE

Details of the Child/Young Person being referred

Name _____

Address _____

Tel _____ Mobile _____

Date of Birth _____

School _____

GP _____

Relationship to the cared for person _____

Is the Child/Young person aware this referral is being made? (please tick) YES NO

Parent/Guardian name/s _____

Ethnicity

- | | | | |
|---------------------------------|--------------------------|--|--------------------------|
| White British (A1) | <input type="checkbox"/> | White Irish (A2) | <input type="checkbox"/> |
| Any other white background (A3) | <input type="checkbox"/> | White and Black Caribbean (B1) | <input type="checkbox"/> |
| White and Black African (B2) | <input type="checkbox"/> | White and Asian (B3) | <input type="checkbox"/> |
| Any other mixed background (B4) | <input type="checkbox"/> | Indian (C1) | <input type="checkbox"/> |
| Pakistani (C2) | <input type="checkbox"/> | Bangladeshi (C3) | <input type="checkbox"/> |
| Any other Asian background (C4) | <input type="checkbox"/> | Caribbean (D1) | <input type="checkbox"/> |
| African (D2) | <input type="checkbox"/> | Any other Black background (D3) | <input type="checkbox"/> |
| Chinese (E1) | <input type="checkbox"/> | Any other ethnic group (please state) (E2) | <input type="checkbox"/> |

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REF NO: _____ DATE REFERRAL MADE: _____



Details of the person cared for

Name _____

Address _____

Age/Date of Birth _____

Nature of illness/disability _____

Is the family aware that this referral is being made? (please tick) YES NO

What is the current state of the cared for person's health? (i.e. in hospital, at home but unstable, at home)

Child/young person information

Please give details in what ways the child/young person takes on a caring role (emotional support, household tasks, assisting with medication, personal care)

Are there any other adults in the house/near by and what roles do they play?

Are there any other children in the house and if so what roles do they play?

Please state how you see the illness/disability affecting the child/young person you have referred in terms of their physical, emotional, social and academic development

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Does the child/young person have any behavioural/emotional difficulties that could cause a risk to other members of the group?

Any other information you feel is needed to make the referral

Details of other agencies involved

Please give details of any services provided for the family

Special needs

Does the child/young person or family need any of the following to enable an effective assessment to be carried out?

YES NO

Interpreter _____ Language (Please specify) _____

Induction loop _____

Other support _____

Signed by the referrer _____ date _____

Referral Guidelines

Young Carers are children or young people who have some caring responsibilities for a relative who is ill, has mental health problems, has learning, physical or sensory disability, or is suffering from the effects of HIV/AIDS, drugs or alcohol misuse. Kirklees Young Carers offers services and support to anyone from the ages of 8-18 years and living in the Kirklees Metropolitan Council area, whose life is restricted by such caring.

Referral Process

Referrals may be made directly by the child/young person, their family, friends or any professional worker. It is important to have the permission of the child/young person and that the parent/s are supportive of the referral.

After receiving the referral the project leader will usually meet with the child/young person in their own home and information about the scheme will be given at the same time as gathering information about the family.

A follow up meeting may sometimes be arranged to assess the situation further or confirm with the Young Carer which aspects of the project they feel will be helpful to them.

The referrer will then be informed the outcome of the assessment of the child/young person.

Services Offered

Activities	Support Groups	Information
Outings	Counselling	Time Out
Fun	Holidays	Advocacy

Next Step

For more information please do not hesitate to contact Claire Sidebottom at Kirklees Young Carers on

01924 492183

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