

## BARNARDO'S NEWPORT YOUNG CARERS SERVICES REFERRAL FORM

Is the Young Person aware of, and in agreement with this referral?	<b>Yes</b>	
	<b>No</b>	
Is the cared for person aware of, and in agreement with, this referral?	<b>Yes</b>	
	<b>No</b>	

**If the answer to either of the above is “No” then please discuss the proposed referral with the Young Carers Service Manager before making the referral.**

**If the answer is “Yes” then we require the signature of the Young Person or their Parent/Guardian before accepting this referral. Please obtain this before sending us this form.**

**I give consent for a referral to be made to Barnardo's Newport Young Carers Services**

**Name of Young Person or Parent/Guardian.....**

  

**Date.....**

**Details of the Young Person you are referring**

Full Name			
Address			
Post Code			
Tel No.		Mobile No.	
Date of Birth		Gender	

Who does the Young Person live with?

Is the Young Person known to Social Services	<b>Yes</b>	
	<b>No</b>	

<b>Is the Young Person...</b>	<b>Yes</b>	<b>No</b>
On the Child Protection Register		
A Looked After Child		
A Child in Need		

If so please provide details

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**Parent/Guardian(s) of the Young Carer**

Name (1)			
Address			
<i>(if different)</i>			
Post Code			
Tel: No.		Mobile No.	

Name (2)			
Address			
<i>(if different)</i>			
Post Code			
Tel: No.		Mobile No.	

**Who is being cared for?**

Name			
Address			
<i>(if different)</i>			
Post Code			
Tel: No.		Mobile No.	

**What is the nature of the disability and/or illness of the cared for person(s)**  
 (parent/guardian, grandparent or sibling)? *(Please tick more than one box if appropriate)*

Mental Health		Physical Disability	
Substance Misuse		Learning Disability	
Physical Illness			

Please give details

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What caring does the Young Person undertake i.e. physical, practical, emotional. Please give examples, such as cleaning, caring for siblings etc.

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In the view of the referrer, how do the caring responsibilities affect the Young Person? Consider personal development, social relationships, education etc.

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Is the referrer aware of any particular risk to staff personal safety that me might need to consider before setting up an Assessment visit	<b>Yes</b>	
	<b>No</b>	

If so please give details

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**Ethnicity – Is the Young Carer?**

White		Black	
Mixed		Chinese	
Asian		Other	

Is the Young Person Welsh speaking?	<b>Yes</b>	
	<b>No</b>	

What is their preferred language?	
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Referrer Name		Position	
Family / Friend?			

Address			
<i>(if different)</i>			
Post Code			
Tel: No.		Mobile No.	
E-mail:			
Date:			

Will you have an ongoing role with this family? If so, what will it be?

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Completed forms can be returned by post to the Children's Services Manager at the postal address below or electronically as a document attachment to the e-mail address below  
 Barnardo's Newport Young Carers Services, 114 Lower Dock Street, Newport NP20 2AF  
 Tel: 01633 251192 E-mail: [maureen.williams@barnardos.org.uk](mailto:maureen.williams@barnardos.org.uk)