

**Young Carers Registration Form**

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| *SCC Internal use only* | | | | | | | |
| **Referral Received**: | | | | | **Assessment Booked:** | | |
|  | | | | | **Date of Next Review:** | | |
| **About the Young Carer** | |  | | | | | |
| First Name |  | | | Surname | |  | |
| Date of Birth |  | | Age: | | | Gender: Choose an item. | |
| Address |  | | | | | | Postcode |
|  | | | | | | | |
| Main Parents Name |  | | | Parent Email | |  | |
| Home Telephone |  | | | Parent Mobile | |  | |
|  | | | | | | | |
| Young Carer Mobile |  | | | Young Carer Email | |  | |

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| **Referrer Details** | |  | | |
| Name |  | | Position |  |
| Department |  | | Agency |  |
| Telephone |  | | Mobile |  |
| Email |  | | | |
| **Have the Young Carers Parents given consent for you to make this referral?**  Yes  No  **Are there any risk related reasons why a worker should not visit the young carer at home?**  Yes  No  *If yes, please give further details:* | | | | |

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| **Reason for caring** *(please tick as appropriate)* | |  | | |
| Mental Health | Substance Misuse | | Learning Disabilities | |
| Physical/Sensory Disability | Acute Life-Limiting illness | | Older Person (65+) | Other: |

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| Name of person cared for: | | Relationship to young carer: | |
| Gender: Choose an item. | Age/DOB: | | Ethnicity: |
| What is the specific health condition, illness or disability? Eg. Depression, Stroke, ADHD, Cancer? | | | |
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| **Do they live at the same address as the young carer? Yes  No** | | | |
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| **Please tell us more about the types of caring they undertake and what support you think they would benefit from?** *Please include any immediate issues* | | | |

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| **Other Members of Household** | |  | |
| **Name** | **Age/DOB** | | **Relationship to Young Carer** |
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| **Family Support** |  | |
| Have the yc parents or yc had a statutory Carers Assessment? Choose an item. | | |
| *If yes, what was the date?* | | |
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| Has an EHAT assessment recently been completed for the Young Carer? Choose an item.  ***Please attach the most recent assessment*** | | |
|  | | |
| Does the Young Carer currently have a Child Protection Plan or Child in Need plan? Choose an item.  ***Please attach the most recent assessment and provide the Social Worker name and contact details below:*** | | |
| Please tick here if the family would like to be referred to our benefits check service? | | |
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| **Please provide contact details of other professionals working with the family:** | | |
| Name:  Role:  Organisation:  Contact Number: | | Name:  Role:  Organisation:  Contact Number: |

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| **Additional Information – Young Carer** |  | |
| **Health** | | |
| Please tell us about any health issues the young carer has: | | |
| GP Name: | | GP Surgery  Contact Number: |
| **Education** | |  |
| School/College: | | Contact Number: |
| Contact Person & Role: | | |
| Does the School know they are a young carer? Yes  No  Do they attend school regularly? Yes  No | | |
| **Other:** | | |
| Ethnicity: | | If not English, please state the main language spoken at home: |

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| **Additional Information – Parent** |  |
| *We do not need to tell know this information but it will help us to provide the family with an individualised service. It will also help us to assess how well we are reaching carers from all communities in Sutton. Please note: We only hold information relevant to the caring role. If you wish to provide us with further information about the person cared for, you will need to gain their consent.* | |
| Marital status: Choose an item.  *If other, please state*: | Ethnicity: |
| Housing situation: Choose an item.  *If other, please state:* | Employment status: Choose an item.   *If other, please state:* |
| Please tell us about any health conditions the main parent has? | |

**Please email the completed form to youngcarersenquiries@suttoncarerscentre.org**

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| **Alternatively fax to 020 8296 5616 or post to Sutton Carers Centre, 12-14 Benhill Avenue, Sutton SM1 4DA - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -- - - - - - - - -- - - - - - - -- - - - - - - *SCC Internal use only*** | |
| **Date of initial attempt to contact:** Click here to enter a date. | **Date of first contact:** Click here to enter a date. |
| **Reasons for delay:** | |
| **Date entered on database:** Click here to enter a date. | **Initials:** |
| **Registration fee paid?** Choose an item. |  |
| **Level of Need:** Choose an item. | |