



Please send all referral forms to ycmiltonkeynes@carersmiltonkeynes.org

Please ensure all sections of this form are completed with as much detail as possible and that the caring role is really focused on. Once a referral is received we will make contact with the family.

CONTACT DETAILS

Details of Young Carers

Young Carer's Name/s	Date of Birth	Age	Gender	Ethnicity	School/ Educational Institute	Disability (if any)

Primary Contact Details

(in addition, if young carer is over 18 and happy to be contacted directly please provide details below)

Parent/Guardian Name/s	Main Telephone Number	Email Address

Details of family members living in family home

Home address (must include postcode)

GP Surgery and Contact Information

CONSENT

Parent/Guardian

Young Carers MK relies on voluntary participation. We are only able to accept referrals which the family has consented to and are willing to engage with our services.

Young Carers MK 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 MK 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:

CARING ROLE**Person/s Being Cared For**

Name	Relationship to Young Carer	Date of Birth	Gender

Medical Condition/Disability*(Please state clear diagnosis)***Impact of condition of young person***(Please give details of the nature on their caring role, and the impact it has on their everyday life)***How do you feel Young Carers MK can best support this young carer?****MULTIAGENCY SUPPORT****What support has your organisation already provided?****Are any other agencies already involved with this young person?**

Yes

No

If yes, please state below:

What support will you or other agencies continue to offer?**Is this young person involved in a Child Protection or Child in Need Plan?**

Yes

No

Allocated Social Worker:

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 <i>(please state who)</i>				
Additional comments:				

Is there evidence of, or a history of, 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 visits? <i>(e.g. access to property, animals, conflict with person outside of home)</i>				
Are you aware of any barriers to accessing our services?				
Would your organisation complete a lone working home visit to this family?	Yes	No		
	If no, please provide details:			

ANY OTHER INFORMATION

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REFERRER DETAILS

Name		Date of Referral	
Role <i>(if applicable)</i>		Organisation <i>(if applicable)</i>	
Telephone Number		Email Address	