**BLGC Young Carers Referral Form**

**A Young Carer is a child or young person under the age of 18 who provides care to another family member who have a physical illness, disability, mental health issues, a sensory disability or problematic use of alcohol or drugs. We accept referrals for young people aged 8-17 years old and live in Bolton.**

|  |  |
| --- | --- |
| **Name of person making the referral** | Click or tap here to enter text. |
| **Agency** | Click or tap here to enter text. |
| **Role of the person making the referral** | Click or tap here to enter text. |
| **Telephone numbers** | Click or tap here to enter text. |
| **Email address** | Click or tap here to enter text. |

**Have you discussed the referral with the young person(yp), and have they consented to the support and understand what the service is?** Choose an item.

**Does the Parent/Legal Guardian/young person (if over 13 years old) consent to this referral being made?** Choose an item.

**Young Persons Information**

|  |  |
| --- | --- |
| **First Name** | Click or tap here to enter text. |
| **Surname** | Click or tap here to enter text. |
| **Date of birth** | Click or tap to enter a date. |
| **Age** | Click or tap here to enter text. |
| **Gender** | Choose an item. |
| Click or tap here to enter text. |
| **Young Person’s Phone number** | Click or tap here to enter text. |
| **Young Person’s Email Address** | Click or tap here to enter text. |

**Home / Placement Address:**

|  |  |
| --- | --- |
| What type of placement is this? | Choose an item. |
| House name/number and street | Click or tap here to enter text. |
| District/Area | Click or tap here to enter text. |
| Town/City | Click or tap here to enter text. |
| Post code | Click or tap here to enter text. |

**Ethnicity:**Choose an item. **Religion:**Choose an item.

**Does the young person have any disabilities?** Choose an item.

**If yes, please give details of any disabilities you are aware that the young person has:**

Click or tap here to enter text.

**Please tick all that apply to this young person:**

EHCP  Special Education Needs  CLA  CPP CIN  Targeted Early Help  EHA

ILP  PEP  Behaviour Plan

**Is the young person a carer for other family members?** Choose an item.

**Is the young person a Looked After Child /Care Leaver?** Choose an item.

**Is the young person a Refugee or Asylum Seeker?** Choose an item.

**If yes, please give country of origin:** Click or tap here to enter text.

**If yes, please give 1st language spoken:**Click or tap here to enter text.

**If yes is the yp an unaccompanied minor?** Choose an item.

**Social Worker Details** (If young person has one allocated)

|  |  |
| --- | --- |
| Social workers Name | Click or tap here to enter text. |
| Telephone Number(s) | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |

**School/College/Details:**

|  |  |
| --- | --- |
| Name of School/College/Employment | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Post Code | Click or tap here to enter text. |
| Name Main Contact | Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

**Please tick all that apply to the young person:**

School is aware of the caring situation at home  The yp has missed school due to their caring role

**Parent / carer information:**

|  |  |
| --- | --- |
| Name | Click or tap here to enter text. |
| Relationship to YP | Choose an item. If other type here:Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Post Code | Click or tap here to enter text. |
| Home Number | Click or tap here to enter text. |
| Mobile Number | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

**Other household members**

|  |
| --- |
| Name: Click or tap here to enter text.  DOB: Click or tap to enter a date.  Relationship to young person: Click or tap here to enter text.  Any health issues (please specify): Click or tap here to enter text.  Name: Click or tap here to enter text.  DOB: Click or tap to enter a date.  Relationship to young person: Click or tap here to enter text.  Any health issues (please specify): Click or tap here to enter text.  Name: Click or tap here to enter text.  DOB: Click or tap to enter a date.  Relationship to young person: Click or tap here to enter text.  Any health issues (please specify): Click or tap here to enter text.  Name: Click or tap here to enter text.  DOB: Click or tap to enter a date.  Relationship to young person: Click or tap here to enter text.  Any health issues (please specify): Click or tap here to enter text.  Please add more if needed |

**Emergency Contact Details – please provide 2:**

|  |  |
| --- | --- |
| Name | Click or tap here to enter text. |
| Relationship to YP | Choose an item. If other type here:Click or tap here to enter text. |
| Home Number | Click or tap here to enter text. |
| Mobile Number | Click or tap here to enter text. |
|  |  |
| Name | Click or tap here to enter text. |
| Relationship to YP | Choose an item. If other type here:Click or tap here to enter text. |
| Home Number | Click or tap here to enter text. |
| Mobile Number | Click or tap here to enter text. |

**Supporting Information for Referral – please complete with the YP**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Reason for caring (please check all that apply):   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Sensory Disability | Learning disability | Physical disability | Long term Illness | Alcohol & Drug Misuse | Mental Health Conditions | Older person | Other (give details below) | |  |  |  |  |  |  |  |  | |
| Additional and/or significant information about the condition of the cared for:  Click or tap here to enter text. |
| What does the young person do to help the person they care for?  Click or tap here to enter text. |
| How does the caring role affect the young person?  Click or tap here to enter text. |
| How long has the young person been in a caring role? (approx. is fine)  Click or tap here to enter text. |
| Please can you best describe what you feel would benefit the young person and what would help and why? This will allow us to best place the young person within the Young Carers Team.  Click or tap here to enter text. |

**Storing data**

|  |
| --- |
| Personal and Sensitive Data  By referring this young person, you confirm, and can demonstrate on request, that you have gained explicit consent from the parent/carer of the young person (aged 13+) to provide the Bolton Lads & Girls Club with certain personal and sensitive information, which we will process in accordance with all applicable data protection laws to provide them or you with services and carry out administration in relation to the referral:   * Communicate with you, the young person, and/or the parent/guardian about the referral * Provide information about the referral to Bolton Lads & Girls Club (registered charity number 1051292), our suppliers, funders, and/or sponsors, as required for the purposes of the development, co-ordination, and support of Bolton Lads & Girls Club   Where there is a need to protect or support a young person, we may also share personal information with relevant agencies as required by law. For further information about how we process personal information, and your rights, please read our Privacy Policy. This can be obtained from any of our sites or online @ <https://boltonladsandgirlsclub.co.uk/privacy-policy/>. |
| Your name:Click or tap here to enter text. Signature:Click or tap here to enter text.  Date:Click or tap to enter a date. |

**What happens next?**

*Email to* [*youngcarers@blgc.co.uk*](mailto:youngcarers@blgc.co.uk) *and one of our team will be in contact with you to discuss the referral.*

***Please note: Young People have access to this form.***