

Norfolk Family Carers

First Floor

69-75 Thorpe Road

Norwich

Norfolk

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transitions@norfolkfamilycarers.org

[norfolkfamilycarers.org](http://www.norfolkfamilycarers.org)

Charity No: 1155684

Company No: 08565078



**Transitions Referral Form**

Support for Young Adult Carers aged 16-24

**Section 1: Young person’s details**

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| **Young person** |
| Name(s):  |  | Address:  |
| Date of Birth:  |  |
| Male |  | Female |  | Post code:  |
| Mobile number: |  | Phone number:Email: |
| Has the young person received a Young Carers Service before: | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does the young person have any disabilities, special educational needs or health concerns?  | Yes |  | No |  |
| If yes please describe how we can support them within our service: |

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| **Ethnicity** |
| White (British/ Irish) |  | Black British |  | Indian  |  |
| White European |  | Black African  |  | Pakistani  |  |
| White other |  | Black other |  | Chinese |  |
| Other Ethnic group |  | Gypsy or Traveller |  | Mixed/ Dual background  |  |
| Does to wish to share |  |

|  |
| --- |
| **Religion** |
| Christian |  | Muslim |  | Jewish |  |
| Buddaism  |  | Hindu |  | None |  |
| Sikh |  | Does not wish to share |  |

**Section 2: Details of the family**

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| **Parent/ Guardian** |
| Name: | Address (if different): |
| Relationship to Young Adult Carer(s): |
| Home/ mobile telephone no: | Email: |
| Please circle or highlight preferred method of contact:Home phone Mobile phone Text Email |
| Are you aware of any risks to our staff when we visit the home?  | Yes |  | No |  |
| If yes, please provide details: |
| Is this a single parent household? | Yes |  | No |  |
| Family Composition (please give names and ages of people living within the family home): |

|  |
| --- |
| **Person(s) needing care** |
| Name: | Date of Birth:  |
| Relationship to Young Adult Carer(s): | Does the cared for live within the family home? Yes / No |
| **Conditions:** |
| Mental Ill Health |  | Chronic/Severe Illness |  | Physical Disability |  |
| Learning Difficulty |  | Drug/Alcohol/Gambling Problems |  |  |  |
| HIV/AIDS |  | Sensory Impairment |  |  |  |
| Other (please state) |  |
| Tell us about the condition and how it affects the person being cared for. Are there any times the condition gets worse, e.g. in winter?  |
| Is the Young Adult Carer the main carer in the household? | Yes |  | No |  |
| Would any other family members benefit from the support we offer for carers of all ages?  | Yes |  | No |  |
| Please provide details: |

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| **Type of caring being carried out by young person**  |
| Emotional support to the cared for & other family members  |  |
| Household tasks i.e shopping and cleaning |  |
| Personal care i.e washing/dressing/bathing/toileting  |  |
| Help with siblings |  |
| Helping with finances i.e working to bring in money for the household |  |
| Interpreting for cared for- signing/other communication |  |
| Other (please give details): |  |

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| **The young person’s caring role has a direct impact upon or affects: (*please tick*)** |
| Social inclusion  |  |
| Education |  |
| Physical & emotional wellbeing  |  |
| Other |  |
| Please provide details about the impact on the young person: |

**Section 3: Other agencies involved**

|  |  |
| --- | --- |
| School or college attended (if applicable) |  |
| Name of teacher |  |
| Are the school/college aware of the young person’s caring role? | Yes |  | No |  |

Are Social Services working with the family? (Please tick as appropriate):

|  |  |
| --- | --- |
| Family Support Process (FSP) in place  |  |
| Child in Need (subject to Section 17) |  |
| Child Protection (subject to Section 47) |  |
| Other statutory service (please specify): |  |

Other Agencies Involved: (e.g Families Unit, NSFT, Matthew Project)

|  |  |  |
| --- | --- | --- |
| Name | Agency | Contact Details |
|  |  |  |
|  |  |  |

**4. Consent and referrer’s details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are the young person and their family aware of the referral? | Yes |  | No |  |
| Any other details:  |
|  |

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| --- |
| **Referred by** |
| Name: | Date:  |
| Organisation and relationship to young person: | Address: |
| Telephone: | Email address: |

**Information sharing:** The information contained in this form will be securely stored on Norfolk Family Carers database. The information will not be shared more widely without the consent of the Young Adult Carer and/or the parent(s)/guardian(s) as appropriate. However, information may be shared more widely (without consent) where there is a risk of harm to the young person and/or others.

Referrer’s signature………………………………………………………………………….Date…………………

If you would like more information on services provided by Norfolk Family Carers, please go to [www.norfolkfamilycarers.org](http://www.norfolkfamilycarers.org). Please contact us if you have any difficulty filling in this form.

**Please return completed forms to:**

Norfolk Family Carers

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Or via email to transitions@norfolkfamilycarers.org

If you have any difficulty filling in this form please contact the office on 01603 219924