**REFERRAL FORM**

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| **Please complete this form and return it by post to:** | Broomhouse Young CarersBroomhouse Centre & Enterprises,79-89 Broomhouse Crescent, Edinburgh, EH11 3RH |  | **Tel.** **E-Mail** | 0131 455 7731youngcarers@broomhousecentre.org.uk |

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| **Young Person’s Details** |
| **First Name:** |  |  | **School attended & Guidance Teacher (if known)** |  |
| **Surname:** |  | **Gender:** |  |
| **Date of Birth:** |  | **Age:** |  |
| **Parent/Guardian Name:** |  | **Current Address:****Post Code:** |  |
| **Parent/Guardian contact number:**  |  |

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| **Key Contacts (e.g. school, social worker, GP, other professionals whom have contact with the family)** |
| **Name:** | **Role:** | **Place of Work:** | **Contact Number:** |
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| **Please note that Broomhouse Young Carers will not contact any of the above people without consent from the Parent/Carer** |

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| **Reason for referral:** |
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| **How will the young person benefit from involvement in the Project?** |
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| **Please tell us about any issues which may affect the young person in a group work setting** |
| Click here to enter text. |

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| **Please tell us about any family history/background that we need to be aware of** |
| Click here to enter text. |

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| **Please tell us about any child protection issues we may need to be aware of** |
| Click here to enter text. |

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| **What other support does the young person have?** |
| Click here to enter text. |

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| **Is there any medical information we need to be aware of?** |
| Click here to enter text. |

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| **Has the School been informed this person is a Young Carer?** |
| Click here to enter text. |

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| **Consents** |
| Broomhouse Young Carers aims to work in an open and transparent way with people who use the service. It encourages service users to contribute and have access to their records kept about them, and seeks to obtain informed consent to using and sharing information. Referrers who mark ‘YES’ in the following boxes assume the responsibility for having shared (prior to the referral being made) the relevant information necessary for the parent/carer and child/young person to give their informed consent.  |
| Has the parent/carer agreed to the referral? | [ ] Yes | [ ] No |
| Has the child/young person agreed to the referral? | [ ] Yes | [ ] No |
| Has the parent/carer agreed to information being shared? | [ ] Yes | [ ] No |
| Has the child/young person agreed to information being shared?  | [ ] Yes | [ ] No |
| Has a GIRFEC Assessment of Need been carried out? | [ ] Yes | [ ] No |
| **Signature** | **Date:** |

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| **Referrer Details** |
| **Name:** |  |
| **Position:** |  |
| **Agency:** |  |
| **Address:** |  |
| **Telephone Number:** |  |
| **E-mail:** |  |
| **Date of Referral:** |  |