

Office Use v.03/19	
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## Young Carers Support Application

**How We Use Your Information - for Parent/Legal Guardian:** Your information will be processed by Action for Carers Surrey securely and in line with current data protection legislation. You and your child/ward's personal information is used for the purposes of providing, advice, information and support to your child/ward in their caring role. As a core part of our service we will send out newsletters, invitations to support groups where appropriate, forums and other carer related events and activities, which we run. We also from time to time seek your views to help inform our service provision and compile anonymised statistical data and case studies for commissioning and research purposes.

**Note: If Agency or School is making this referral please explain the above statement to the Parent/Legal Guardian.**

Parent/Legal Guardian can indicate their preferred methods of contact on the consent section at the end of this form. However, we do require a telephone contact number for the parent/legal guardian in order to provide a service as it is essential that we are able to arrange appointments/assessments and to make contact during events and activities in case of emergencies.

### Young Carers details

<b>First name:</b>		<b>Last name:</b>	
<b>Date of birth:</b>	<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to State <input type="checkbox"/>	Young Carer(16+) contact number if consent given(see p 4): Young Carer (16+) email if consent given (see p 4):	
<b>House Number or Name &amp; Street:</b>			
<b>Town:</b>		<b>County:</b>	
<b>Postcode:</b>		<b>Ethnicity (optional):</b>	
School/College attended:		Are school/college aware of the referral? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Contact name (at school/college): E-mail:		Phone:	
If the young person has their own disability, illness or behavioural support needs, please state below:			

### Parent/Guardian details

<b>Name:</b>	
<b>Telephone No:</b>	Main language spoken at home:
<b>Mobile No:</b>	
<b>Email (if consent given):</b>	

## Armed Forces

Is anyone in the family currently serving in the armed forces or is a veteran? Yes  No

## Cared-For person details

	Year of Birth	Nature of illness/disability/mental health condition/substance misuse:	Formal diagnosis?
Cared For 1			Yes <input type="checkbox"/> No <input type="checkbox"/>
Cared For 2			Yes <input type="checkbox"/> No <input type="checkbox"/>
Cared for 3			Yes <input type="checkbox"/> No <input type="checkbox"/>

### Additional Safety Information – for staff visiting a family at home:

Does anyone in the home show dangerous behavior/known to be aggressive or violent?  
Yes  No

If YES, please give details:

Anything else? Dogs, remote locality etc.

## Family support

Is the young person supported by a Child Protection Plan, Child In Need Plan or Team Around The Family? If YES, please give details of social worker or lead professional:

Name:

Contact number:

Address:

Email:

Please list any known voluntary or statutory service involvement with the family:

## Please select your views of the caring role/situation

### Emotional and physical health:

Sole young carer providing regular emotional and/or physical care for parent/guardian.

Provides regular emotional or physical care for siblings or older relatives, such as a grandparent

With parental guidance provides care for siblings or older relatives, such as a grandparent

### Education and learning:

At risk of/not in education, employment or training due to caring role (NEET)

Not reaching educational potential due to caring role

Education or learning needs being met by school/college

### Identity:

Is subject to cyber/bullying and harassment from peers due to caring role

May experience some bullying relating to their caring role

May have experienced some bullying in the past due to their caring role

### Family and social relationships:

No support from family or friends around their caring responsibilities

Some support from family or friends around their caring responsibilities

Good support from family or friends around their caring responsibilities

### Self-care skills:

Is required to provide care for self, cared for and/or sibling beyond their age ability

On occasion required to provide care for self, cared for and/or sibling beyond their age ability

Not required to provide care for self, cared for and/or sibling beyond their age ability

### Parent/carer factors:

End of life illness diagnosed within the family

Long term physical/mental ill health/disability or substance/alcohol misuse	
Low level physical/mental ill health/disability or substance/alcohol misuse	
<b>Emotional warmth and stability:</b>	
Young person's development is impaired due to inconsistent parenting as a result of disability or illness	
Young person's development is not significantly impaired due to inconsistent parenting as a result of disability or illness	
Consistent parenting and young person's development is not impaired	
<b>Family's social integration:</b>	

Family are excluded from school, peer groups and community activities due to illness or disability	
Family experience some social exclusion issues due to illness or disability	
Family have the ability for social integration within school, peer groups and community activities	
<b>Housing, employment and finance:</b>	
Serious debts and poverty impacting on ability to care for child as a result of ill health and loss of income	
Family is affected by low income or employment that does not meet their basic needs	
Housing and income sufficient to meet basic needs of family	

Nature of Caring Role	Examples	Tick all that apply
Physical	Cleaning, cooking, washing, paying bills, collecting medication, carrying things	<input type="checkbox"/>
Practical	Washing, medications, dressing	<input type="checkbox"/>
Emotional	Listening, comforting	<input type="checkbox"/>
Parenting siblings	Helping siblings to get dressed, making them dinner, helping with homework	<input type="checkbox"/>

<b>GP Surgery:</b>	
Please provide details of the GP surgery that the young Carer is registered with:	
<b>Surgery Name:</b>	<b>Address:</b>
<b>County:</b>	<b>Postcode</b>

<b>Additional Comments :</b>	Please provide any other relevant information that may help us to support the young carer: 'how would the young carer/ benefit from our support, what do they need?'

**Who is making the referral?**

Please tick appropriate box.

Agency or School  Self-Referral (Parent/Guardian) **1. Agency or School to complete this section:****Where possible please ask the parent guardian to complete Section 2.** If this is not possible, you must still ensure that you have gained their consent to make the referral to us and explained how Action for Carers Surrey will use their data. Please complete the boxes below:

Name:

Contact Number:

Organisation:

Town:

County:

Postcode:

Email:

**Consent :** I confirm that I have explained the statement at the top of this form to the parent/legal guardian and that I have gained their consents as stated, and for Action for Carers Surrey to process and store the information contained on this form.**Please tick to confirm** Has the parent/guardian consented to Action for Carers Surrey sharing information with the school/college? **Please tick to confirm** **Signature****Date:****Note for School/Agency: If returning form by email this should be from your agency or school email address.****2. Parent/Legal Guardian to complete this consent section:****Preferred Method of Contact:****Parent/Guardian: Email**  **Post**  **Text**  **In order to send information either an email or a post consent is needed but please tick both where possible.****If your child/ward is 16+** please indicate if you are happy for us to contact them direct by:Email 16+  Post 16+  Telephone/Mobile 16+  Text 16+ .**Sharing Information:**It is helpful if, at the time of referral, we have your consent to contact your child's current school/college. If you are happy for Action for Carers Surrey to share information with your child's school/college please tick to confirm consent: **Please tick to confirm** 

Sometimes we may request that the information about you and your child be shared with other professionals, organisations or agencies to help provide you and your child/ward with support where appropriate either now or in the future. Other than the school/college, we will ask for your verbal consent, at the time, should we feel such a referral is appropriate for your child/ward. These may include, but not exclusively: Education services, Carer Support, GPs and Health Professionals, Housing Providers and relevant voluntary/charitable organisations.

We may also ask your permission to share information with Surrey County Council to enable, for example, a referral to be made to Adult or Children's services for an assessment, or in connection with support.

We will not share information without your consent except where disclosure is necessary for safeguarding or as required by law.

We also raise awareness of carer issues both locally and nationally and invite you to participate in consultations and campaigns to help improve services for carers. Please tick if you would like the information listed below:

**Consultations and Campaigns on Issues related to Carers** **Details of other Surrey wide and National Events/Activities** **Action for Carers Surrey Fundraising Activities or Events** 

Where we choose to have certain services, such as IT or data process, provided by consultants or contractors, we do so in accordance with current data protection legislation and take all reasonable precautions regarding the practices employed by them to protect personal information.

In circumstances where transport is offered and accepted, we will need to disclose your and or your child/ward's name and address details to the taxi/transport provider.

You can change your preferences at any time. You have a right to know what personal data Action for Carers (Surrey) holds about you. You also have the right to have your data corrected or deleted. Please address any such issues to us in writing to our DPO at the registered address as detailed below or by phone to 01483 302748 or [dpo@actionforcarers.org.uk](mailto:dpo@actionforcarers.org.uk). For further information please see our Privacy Policy at[www.actionforcarers.org.uk](http://www.actionforcarers.org.uk)**I consent to the processing of information as detailed on this form:****Parent/Legal Guardian Name:****Date:****Signature:**

**ONLY COMPLETE THE FOLLOWING SECTIONS IF THE FAMILY MEMBERS AND CARED-FOR ARE GIVING THEIR CONSENT**

**CARED FOR CONSENT**

In the course of supporting your child/ward personal data concerning the cared for person may need to be recorded and shared in as far as it is required to support or provide services to the young carer.

For greater transparency, wherever possible we seek the consent of the cared for (please see also note below)

If the cared for is providing consent please ask them to complete and sign below:

**Note: Parent / Legal Guardian may sign if cared for or household member is Under 18, or for an adult where there is a person with legal authority to make decision on their behalf, e.g. power of attorney.**

<b>Cared For Name</b>	<b>Relationship to Young Carer</b>	<b>Signature of Cared For</b>

**OTHER MEMBERS OF THE FAMILY/ HOUSEHOLD**

It helps us to provide support if we know the make up of the family household and we have included this on our form – if they are willing to be included please ask them to sign below (the same note above applies):

<b>Name</b>	<b>Year of Birth</b>	<b>Relationship to Young Carer</b>	<b>Signature of Household Member</b>

**Please return this form to by post to**

**Action for Carers Surrey, Surrey Young Carers, Astolat, Coniers Way, Burpham, Surrey, GU4 7HL**

**Or by email to [syc@actionforcarers.org.uk](mailto:syc@actionforcarers.org.uk)**

Action for Carers (Surrey) Reg Office: Astolat Coniers Way Burpham Guildford GU4 7HL  
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