



### Young Carers Support Application - For Self-Referrals or Professional Referral

**How We Use Your Information - for Parent/Legal Guardian:** Our Privacy Policy explains why Action for Carers (Surrey) collects your/your child/ward’s personal data, how we use it, who we may share it with, and sets out your rights in relation to your data. You can find our Privacy Policy at [www.actionforcarers.org.uk](http://www.actionforcarers.org.uk) and **we recommend that you read it before you complete this form.**

If you have any questions about this form, or about how we use your personal data, please contact us **Telephone:** 0303 040 1234 or call 01483 302748 and ask for the Data Protection Officer **Email:** [DPO@actionforcarers.org.uk](mailto:DPO@actionforcarers.org.uk) **Post:** FREEPOST Action for Carers Surrey

This information will be processed by Action for Carers Surrey securely and in line with current data protection legislation. Any personal or sensitive information such as health, ethnicity or sexual orientation, that is shared with us may be recorded and 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.

**Is this application being completed by the Parent/Guardian, or by a Professional or Agency/School?**

Parent Guardian  Agency/School/Professional

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

Parent/Legal Guardian must indicate the methods by which we may contact them. Please see Consents section at the end of this form (page 4/5).

#### Young Carers details

<b>First name:</b>		<b>Last name:</b>	
<b>Any preferred name?:</b>			
<b>Date of birth:</b>	<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Decline to State <input type="checkbox"/>	Young Carer(16+) contact number if direct consent given(see p 5):	
		Young Carer (16+) email if direct consent given (see p 5):	
<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):	Email:	Phone:	
<b>It is helpful if, at the time of referral, if we have your consent to contact your child’s current school/college and share information with them as this will help in supporting you and your child:</b> Consent given: YES <input type="checkbox"/> NO <input type="checkbox"/>			

If the young person has their own disability, illness or behavioural support needs, that you would like us to know about, please state below:

Are there any specific communication needs or religious or cultural considerations you would like us to know about?

#### Parent/Guardian details

**Name:**

**Which methods of contact may we use to follow up this application ? Please indicate all that apply.**

(Wherever possible please provide a telephone or mobile number as this enables us to call you to make our initial contact and assessment)

**Telephone No : (if consent given)**

Preferred time to contact:

AM  PM  Anytime

**Mobile No :( if consent given)**

**Email: (if consent given)**

Main language spoken at home: (Optional but this helps us in supporting your child/ward)

#### 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/Age Range (U18/ 18-24/ 25-64/ 65-84/ 85+)	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"/>

#### Other Members of the Family/Household:

This is optional but it can help us if we know the make up of the family household:

	Relationship to Young Carer (e.g.Grandmother, Grandfather, Sister, Brother, etc.)
Household Member 1	
Household Member 2	
Household Member 3	
Household Member 4	

#### 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

<b>Emotional and physical health:</b>		Not required to provide care for self, cared for and/or sibling beyond their age ability	
Sole young carer providing regular emotional and/or physical care for parent/guardian.		<b>Parent/carer factors:</b>	
Provides regular emotional or physical care for siblings or older relatives, such as a grandparent		End of life illness diagnosed within the family	
With parental guidance provides care for siblings or older relatives, such as a grandparent		Long term physical/mental ill health/disability or substance/alcohol misuse	
<b>Education and learning:</b>		Low level physical/mental ill health/disability or substance/alcohol misuse	
At risk of/not in education, employment or training due to caring role (NEET)		<b>Emotional warmth and stability:</b>	
Not reaching educational potential due to caring role		Young person's development is impaired due to inconsistent parenting as a result of disability or illness	
Education or learning needs being met by school/college		Young person's development is not significantly impaired due to inconsistent parenting as a result of disability or illness	
<b>Identity:</b>		Consistent parenting and young person's development is not impaired	
Is subject to cyber/bullying and harassment from peers due to caring role		<b>Family's social integration:</b>	
May experience some bullying relating to their caring role		Family are excluded from school, peer groups and community activities due to illness or disability	
May have experienced some bullying in the past due to their caring role		Family experience some social exclusion issues due to illness or disability	
<b>Family and social relationships:</b>		Family have the ability for social integration within school, peer groups and community activities	
No support from family or friends around their caring responsibilities		<b>Housing, employment and finance:</b>	
Some support from family or friends around their caring responsibilities		Serious debts and poverty impacting on ability to care for child as a result of ill health and loss of income	
Good support from family or friends around their caring responsibilities		Family is affected by low income or employment that does not meet their basic needs	
<b>Self-care skills:</b>		Housing and income sufficient to meet basic needs of family	
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			

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"/>

GP Surgery:

Please provide details of the GP surgery that the young Carer is registered with:

GP Practice/Surgery Name:

Is the young carer registered as a carer with the GP?

Yes  No

Additional Comments :

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?'

## CONSENTS

### 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:

Role/Title

Contact Number:

Agency/Organisation:

Town:

County:

Postcode:

Email:

**Consent :**

I confirm that I have explained the privacy and use of information statements 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:

For all ongoing communication, please indicate if we may contact you by the following methods:

Parent/Guardian: Email Yes  No  Post Yes  No  Telephone Yes  No  Text Yes  No

We will need either an email or a post consent in order to send you information but it helps us if you can select both. Where possible a phone consent can be particularly helpful as it enables us to call to arrange appointments or assessments and discuss support. We will always need an emergency contact number if your child is attending activities or events. **Emergency Contact Number:** \_\_\_\_\_

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:

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 (where we ask consent to share at the time of referral), we will ask for your verbal consent, at the time, should we feel such a referral or sharing of information is appropriate for your child/ward, 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

Some of our data processing services (including IT, Database and Website support, mailing services and event organisers), are provided by consultants or contractors. Where we chose to use these services we do so in accordance with current legislation and take all reasonable precautions regarding the practices employed by them to protect personal information.

You have a right to know what personal data Action for Carers (Surrey) holds about you, to change your preferences or withdraw your consent at any time. 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 my information as indicated on this form:**

Parent/Legal Guardian Name:

Date:

Signature:

**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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