



Support and guidance come rain or shine

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REFERRAL FORM

Please note that incomplete referrals will not be accepted

Information about the young person you are referring to us	
First Name:	Last Name(s):
DOB:	Gender:
Address & Postcode:	Doctors' Name & Surgery:
Does Parent/Guardian give consent for medical assistance to be provided if required (e.g. for injury during activities) <input type="checkbox"/> Yes <input type="checkbox"/> No	
School Attended & Class:	Are school aware of this Referral? <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact at School (Lead Person):	
Email:	Tel Number:
Does this young person have any additional needs, medical conditions or allergies we should know about:	

Parent/Guardian Details	
Full Name:	
Address & Post Code:	Tel Number:
Email:	Mobile Number:

Details of the person(s) being cared for	
Name of person(s) being cared for:	Relationship to young person:
Please describe the cared for person(s) illness/condition/disability/substance misuse/mental health condition:	
Does the young person live in the same home as the cared for person(s) full time?	
Is the young person the main person providing care? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, then who is the main carer?

Details of other Agencies Involved in Supporting the Family

Agency/Organisation	Contact Name	Role	Tel No & Email

What is your understanding of the young person's caring responsibilities?

Please summarise your understanding of the effects of the caring role on this young person

How does this young person see their role as a carer?

What other commitments, hobbies or positive experiences are currently taken up by this young person?

What do you anticipate support from the Young Carers' Service will achieve?

Name(s) of other people in the household	Relationship to young person being referred

Number of adults in the household:

Referrer's Details	
Full Name:	
Agency or relationship to the young person:	
Address & Post code:	Email:
Tel No:	When are the best times for you to be contacted?
Signature:	Date:

Young Person Consent	
Do you consent to this referral to Skye and Lochalsh Young Carers: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you, if aged over 12 years agree to us contacting the agencies/school mentioned in this referral for more information (if appropriate)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signed:	Print Name:
Date:	

Parent/Guardian Consent	
Do you as parent/guardian agree to Skye and Lochalsh Young Carers' Service contacting the agencies/school mentioned in this referral for more information as necessary and appropriate in order to process this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you agree to Skye and Lochalsh Young Carers' Service notifying the school that the young person is a young carer so that they can receive some additional support when requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signed:	Print Name:
Date:	

Privacy Statement

The Skye and Lochalsh Young Carer service is committed to abiding by the General Data Protection Regulations and respecting your rights to confidentiality and privacy. We collect family and school contact details so we can follow up and process this referral. We hold a record of any medical related information and we also collect clear consent for emergency medical treatment being sought and administered if considered necessary to help ensure YC's safety and well-being. Some information may be anonymised (you will not be recognised) and used for statistical purposes as required by our Funders and the service to promote the Young Carer cause (i.e. age, gender, geographical area, diagnosis/illness and if young carer is the main carer). The more sensitive information we collect along with your clear consent to liaise with school will be used to assess the appropriateness and priority to be given to this referral and inform a potential support plan. Only senior staff, who need to know your information in order to fulfil their duties will have access to it and when it is no longer needed we will dispose of it securely (i.e.) within one month of an unsuccessful referral being assessed or within one year of young carer moving on from the service. You have the right to amend information or withdraw your consent by contacting the Young Carers' Service Manager.