

## **Wired Young Carers Service Referral and Parental Consent Form**

A Young Carer is a child or young person 18 years and under who helps to look after a family member or friend who has a disability, mental health condition, illness, or a substance misuse. This group of young people regularly carry out significant or substantial caring tasks and assume a level of responsibility which would normally be associated with an adult. Young Carers must give their **consent for a referral**. **Referral forms must be complete and include signed parental consent or it will be returned to the referrer.**

**Name of Young Carer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**Gender:**  **Female**     **Male**     **Transgender**     **Gender Neutral**

What School/College does the Young Carer attend? \_\_\_\_\_

School/College Contact Number: \_\_\_\_\_

School/College Contact Person: \_\_\_\_\_

School Email Address: \_\_\_\_\_

**Name of Referrer:** \_\_\_\_\_

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Name of Cared for (1)** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Address: \_\_\_\_\_

What is the Relationship of the cared for to the Young Carer?: \_\_\_\_\_

Please tick which applies to the cared for person (you can tick more than one).

**Substance Misuse**     **Disability**     **Illness**     **Mental Health**

Wired will hold, process and retain your personal data in accordance with our privacy policy which can be accessed at <http://www.wired.me.uk/Policies.asp> in compliance with the General Data Protection Regulations 2016 implemented 25<sup>th</sup> May 2018 and Wired's Confidentiality, Data Management and Information Sharing Policies. **Please send completed referral forms to: Wired Young Carers Service, 86 Sankey Street, Warrington, WA1 1SG or e-mail to: [wycadmin@wired.me.uk](mailto:wycadmin@wired.me.uk) Tel: 01925 633492**



Please give details: \_\_\_\_\_  
\_\_\_\_\_

Name of Cared for (2) \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

What is the Relationship of the cared for to the Young Carer?: \_\_\_\_\_

Please tick which applies to the cared for person (you can tick more than one).

- Substance Misuse
- Disability
- Illness
- Mental Health

Please give details: \_\_\_\_\_  
\_\_\_\_\_

**Impact**

Does caring affect the Young Carers:

Physical Health	Yes <input type="checkbox"/>	No <input type="checkbox"/>	School/College Attendance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mental Health	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Education Attainment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Relationships	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are they socially isolated	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Health and Wellbeing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Confidence/Self Esteem	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Further information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Parental Consent**

**Name of Parent / Guardian:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Address (If Different): \_\_\_\_\_

Postcode: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email address: \_\_\_\_\_

What does the Young Carer's role involve?

- Emotional Support**   
  **Cooking**   
  **Washing**   
  **Housework**   
  **Dressing**  
 **Assisted Mobility**

**Do they escort younger siblings to school:**     **Yes**     **No**

**Details of household members other than the cared for:**

1    Name: \_\_\_\_\_    DOB: \_\_\_\_\_

Relationship to Young Carer: \_\_\_\_\_

2    Name: \_\_\_\_\_    DOB: \_\_\_\_\_

Relationship to Young Carer: \_\_\_\_\_

3    Name: \_\_\_\_\_    DOB: \_\_\_\_\_

Relationship to Young Carer: \_\_\_\_\_

4    Name: \_\_\_\_\_    DOB: \_\_\_\_\_

Relationship to Young Carer: \_\_\_\_\_

**Please give details of any other agencies involved (if any)**

Agency / Service	Contact Name	Email	Contact Number

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## **Sharing of Information**

**To ensure that your son/daughter/child receives the best available support, Wired may need to refer to other local services.**

Do you give permission for your son/daughter/child to be registered with our service and their details to be held on our database?

**Yes**       **No**

Are you happy to be contacted by our Fast text SMS service or emails?

**Yes**       **No**

Do you give Wired permission to refer your son/daughter/child to other appropriate services for support?

**Yes**       **No**

Do you give Wired permission to inform their school/college that your son/daughter/child is registered with our service?

**Yes**       **No**

Are you or have you been involved in Early Help, Team Around The Family, Child in Need or Child Protection Meetings?

**Yes**       **No**

Do you give Wired permission to complete a CAF/or Early Help Assessment check?

**Yes**       **No**

**Client files may be independently audited to ensure that data protection policy and procedures are adhered to. The information contained in each file will remain confidential. Do you grant permission for your son/daughter/child's file to be audited.**

**Yes**       **No**

Name of Parent/Guardian \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Childs Medical Details

Does your child have any Medical conditions?	Yes / No	If Yes then please specify:
Does your child have any allergies?	Yes / No	If Yes then please specify:
Does your child take any medication or tablets?	Yes / No	If Yes then please specify what medicine has been prescribed and and how often each dose must be taken.
Does your child have any SEN?	Yes / No	If Yes then please specify:
Does your child have any behavioural problems?	Yes / No	If Yes then please specify:
Does have a food intorlerancence/allergy?	Yes / No	If Yes please describe e.g. gluten intolerant, nut allergy:
Does your child smoke?	Yes / No	It is illegal for a child under the age of 18 years to smoke and will not be permitted to smoke at <b>Young Carers Services Warrington</b> events

## GP Details

GP Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post code: \_\_\_\_\_ Tel No: \_\_\_\_\_

## Emergency Contact 01

Name: \_\_\_\_\_

Relationship to the Young Carer: \_\_\_\_\_

Address: \_\_\_\_\_

Tel No: \_\_\_\_\_ Email address: \_\_\_\_\_

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## **Emergency Contact 02**

Name: \_\_\_\_\_

Relationship to the Young Carer: \_\_\_\_\_

Address: \_\_\_\_\_

Tel No: \_\_\_\_\_ Email address: \_\_\_\_\_

## **Media**

I consent to Wired using photographs and/or video recordings including images of my son/daughter/child both internally and externally to promote Wired Young Carers. These images could be used in print and digital media formats, websites posters banners, advertising, film, social media and for teaching purposes. I have read and understand the conditions and consent to my son/daughter/childs images being used as described.

Yes  No

Name of Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Advocacy Services**

For Advocacy services Wired also holds the information in line with the Advocacy Charter. Wired will keep information securely, up to date and will destroy it when it is no longer required (in line with legislative and best practice requirements). Clients have a right to request a copy of the data we hold about them. If the file contains information about another person (including professionals) we may have to remove their details. If a client wishes a copy they must make a request in writing and the cost is £10. This covers any copying costs and time spent checking and removing the details of other people.

**All staff at the Young Carers Services Warrington have been checked by the Disclosure and Barring Service. They have knowledge and experience of working with children and young people.**

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