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| **Organisational Confidentiality / GDPR Statement:** |
| Wokingham Young Carers Service is delivered by Berkshire Youth via the Wokingham Carers Partnership.  This form is to refer a young person who is undertaking a caring role within the family unit.  Please complete all the required fields with as much detail as possible this will enable us to process your request for service more efficiently. Referrals can take up to two weeks to process from date of submission. This is due to the demand for service at this moment in time.  In line with our Data Protection and Confidentiality policy by completing this referral I am consenting for Berkshire Youth to hold: Child's data on this paper / electronic form on a database used by Berkshire Youth which is part of the Wokingham Carers Partnership. Consent that this information may be shared between relevant project staff and that this information will only be used to support the young carer/family. I understand that confidentiality is overruled where safeguarding is concerned. If the details on this form are to be shared with agencies outside the one I am being referred to, I expect to be asked for my consent for the information to be shared, except in the cases of safeguarding. Policies can be requested at any time.  |
| **Request for Service Checklist:**  |
| Please tick and ensure all statements below are completed before processing further with this referral:I have read and understood the Confidentiality/GDPR Statement.[ ]  The young person is between 8 and 18 years old.[ ]  The young person lives in the Wokingham area/surrounding areas.[ ]  The young person is caring for a family member.[ ]  The referral has been discussed with the young person.[ ]  The referral has been discussed, shared and consented to by the parent/guardian.[ ]  The young person’s school are aware of the referral. |
| **Young Carer Details** |
| **First Name:** **Surname:** |
| **Date of Birth:** **Age:**  |
| **Male** [ ] **/Female** [ ] **/Other** [ ]  |
| **Address:** |
| **Name of School/College:** |
| **Ethnic Origin:**

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| Black Caribbean | [ ]  | Pakistani | [ ]  | White UK | [ ]  |
| Black African | [ ]  | Bangladeshi | [ ]  | Other European | [ ]  |
| Black Other | [ ]  | Asian Other | [ ]  | White Non-European | [ ]  |
| Chinese |[ ]  Mixed Race | [ ]  | Other | [ ]  |
| Indian | [ ]  | Irish | [ ]  |  |

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| **Two Emergency Contacts – These must be two different people** |
| **Name:****Relationship to participant:****Address:** **Contact Number:****Email Address:**  |
| **Name:** **Relationship to participant:** **Address:** **Contact Number:** **Email Address:**  |
| **Medical Info:** |
| **Doctor’s Name:** **Surgery Address:** **Surgery Contact Number:**  |
| **Please give details of any medical conditions/disabilities e.g. diabetes, epilepsy, allergies, travel sickness etc:** |
| **Current Medical Treatment including medication:** |
| **Details of any special dietary requirements:** |
| **Referral/Young Carer Information:** |
| **Referrer Name and Job Title:** |
| **Referrer Organisation Name and Address:** |
| **Referrer Contact Number:****Referrer Email Address:** |
| **Why is this young person being referred (Who do they care for?):**  |
| **Please provide details of other people living with the household, including who those who are cared for by this young person:** |
| **What support needs have been identified? What support is already currently in place for this young person or the family?** |
| **How much caring responsibility does the young person have? Do they understand the illness/disability of their cared for person?** |
| **Is there an Adult Carer within the household? If so, please provide details:** YES / NO |
| **Is there any other information we should be aware of, regarding the young person or family members?** |
| **Consent/GDPR:** |
| **Photo/Media Consent:**I understand that Berkshire Youth may wish to take photographs or videos during the session, for the purpose of publicity/recording and this may include posting onto the website/social media/ displays or newsletters. | **Please tick as appropriate:****I allow the child to be in photographs** [ ] **I do not allow the child to be in photographs** [ ]  |
| We would like to send you information about other activities & programmes, news, fundraising activities or marketing materials that we may wish to promote, by post, telephone, email and SMS. If you agree to being contacted this way, please tick the relevant boxes.  | **Please tick as appropriate:****Post** [ ] **Email** [ ] **Phone** [ ] **SMS** [ ]  |
| **Parental Consent** |
| **Parents/Participants must ensure that any change of details are notified to Berkshire Youth.****Signed (Parent/Guardian/Participant over 18):** **Date:**  |
| **I agree to follow staff instructions to ensure my and everyone’s safety.****Signed (Young Person):** **Date:**  |