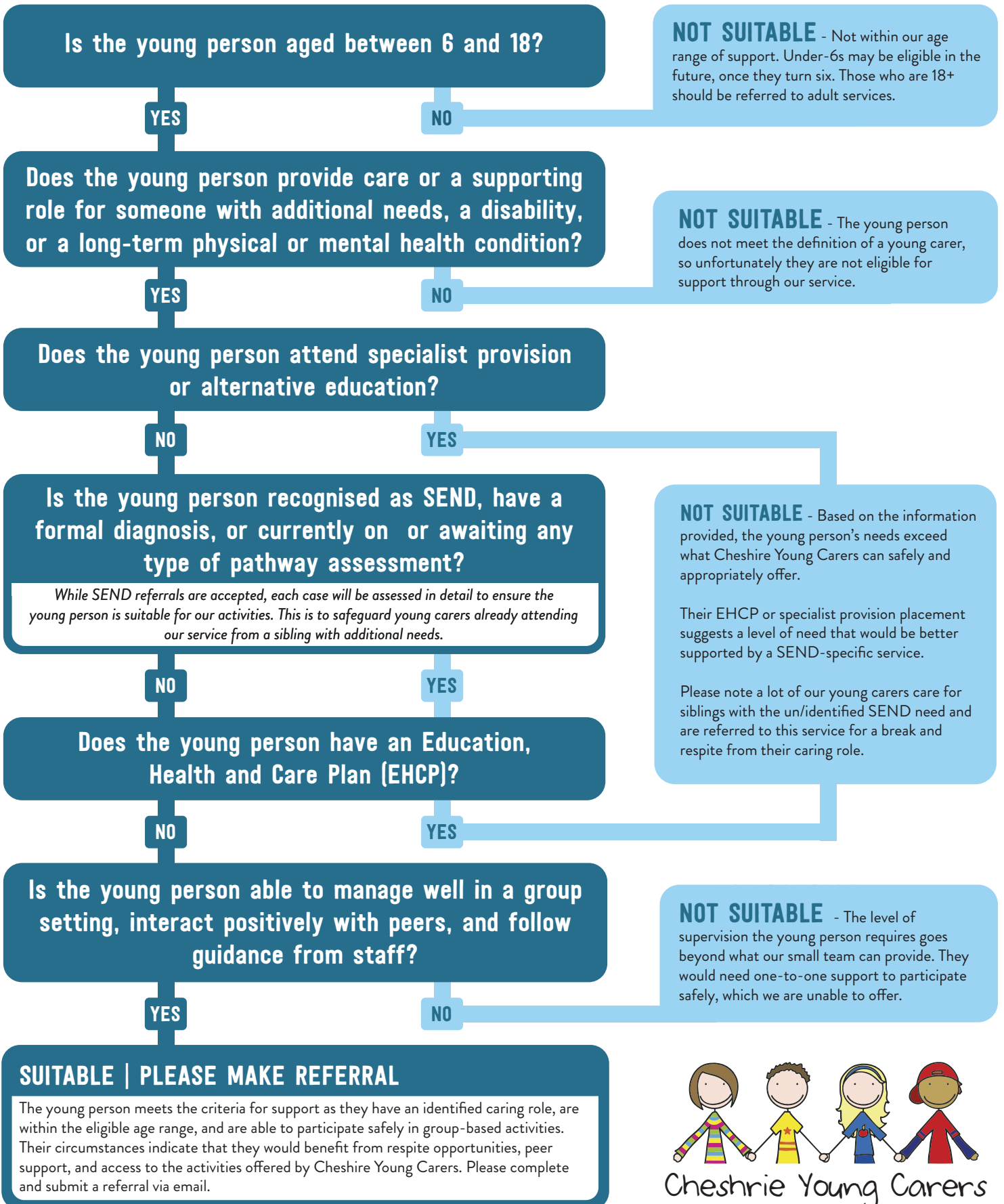


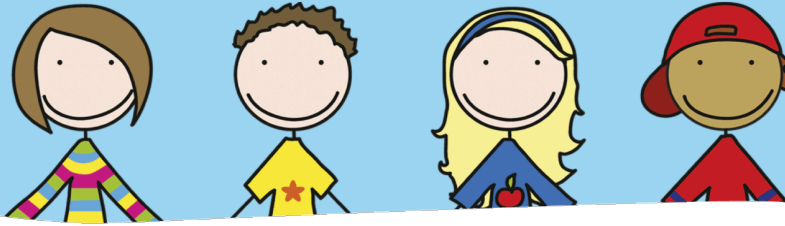
REFERRAL ELIGIBILITY GUIDE

How to determine whether a young person should be referred to Cheshire Young Carers

This flowchart helps determine a young person's eligibility for a referral to Cheshire Young Carers. Please answer each question in order to see whether the referral is appropriate or if another service would be better suited.



Cheshire Young Carers



Referral and Consent form

Please complete all fields and return the form to Cheshire Young Carers by post or email at info@cheshireyoungcarers.com or Cheshire Young Carers, Northern Lights Business Park, Rossmore Industrial Estate, Rossfield Road, CH65 3AW

Young Carers Details

Tap to enter text | Editing the form is not supported on Android, please print.

Full Name		Date of Birth	
Address			
Health and Medical: Please state if your child has any conditions or additional needs (medical conditions, behavioural issues, allergies, dyslexia, asthma etc) and if they require medication. Please state if you do not wish us to administer any common medications.			
GP Surgery		Ethnic Origin	
School Attending *Required			
Young Carer Assessments: We deliver educational support to help schools understand young carers better. Our Young Carer Assessments create individual action plans and improve educational outcomes, if you consent to this support in school, please tick:		<input type="checkbox"/> Yes / No <input type="checkbox"/>	
Does your child receive Free School Meals?		<input type="checkbox"/> Yes / No <input type="checkbox"/>	
Is your child recognised as S.E.N.D (Special Educational Needs & Disabilities)? If answering yes, please share more details above in health and medical section.		<input type="checkbox"/> Yes / No <input type="checkbox"/>	
Cheshire Young Carers deliver a variety of activities. Tick the boxes for any activities the young carer would like to participate in:			
<input type="checkbox"/> Group activities – this includes regular group sessions, games and activities, arts and crafts, etc			
<input type="checkbox"/> Residential breaks – this includes outdoor activities, climbing, hiking, water-based activities, staying away from home			
<input type="checkbox"/> Trips & days out – this can include theme parks, music / theatre trips, days out etc			
Photography Consent: <input type="checkbox"/> Yes / No <input type="checkbox"/> Cheshire Young Carers may capture photos or videos during events for use in promotional, reporting, and fundraising materials across various platforms. Consent is requested for any images in which your child may appear. All content will be used responsibly and without personal details unless approved.			
Data Sharing Consent: <input type="checkbox"/> Yes / No <input type="checkbox"/> Cheshire Young Carers' activities are funded through a range of sources, including commissioned services, local and health authorities, and private donors. To maintain and report on this support, we are required to provide anonymised data about participants. This includes case studies shared with statutory bodies and funding partners. Permission is needed to share this information with relevant partners.			

Parent / Guardian Contact Details

Full Name		Relationship to young person	
Email Address *Required		Mobile	
Home Address			

Alternative / Emergency Contact Details

Full Name		Relationship to young person	
Email Address		Mobile	
Home Address			

Referral Source

The Referral Source section is intended for completion by professionals or educational staff. If the referrer is a parent, please ignore this section.

Full Name		Job Role	
Organisation		Relationship to young person	
Mobile		Time known to you	
Email *Required			
Contact Address			

Who lives with the young person?

Name	Relationship to young person	Date of Birth

Any significant others in the young person's life?

Any person who has regular contact with the young person (e.g. absent parents, foster carers, extended family, family friends etc.)

Name	Relationship to young person	Level of contact

Agencies supporting the young person / family:

Name	Agencies	Contact details

Is the young person receiving support through a plan?

	Lead Professional	Contact details (Email)
<input type="checkbox"/> TAF/CAF Level		
<input type="checkbox"/> Child in Need		
<input type="checkbox"/> Child Protection		
<input type="checkbox"/> Child in Care		
<input type="checkbox"/> None		

Who is the person being cared for? *Required.

1		If more than four people, please share details below:
2		
3		
4		

Does the cared for person have:

	Person 1	Person 2	Person 3	Person 4	Please share more about their condition.
Mental ill Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Substance misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alcohol misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Learning disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical Ill health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Autistic Spectrum Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Terminal illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Is the young person supported in their caring role?	Type of care provided	Frequency of care
<input type="checkbox"/> Primary person - only person <input type="checkbox"/> Supported by parent <input type="checkbox"/> Supported by sibling <input type="checkbox"/> Supported by parent and sibling	<input type="checkbox"/> Domestic 1: Washing, cleaning, preparing food. <input type="checkbox"/> Domestic 2: Assistance with shopping. <input type="checkbox"/> Personal: Assistance with washing person caring for, dressing, administering medication etc. <input type="checkbox"/> Emotional. <input type="checkbox"/> Supervising / supporting siblings.	<input type="checkbox"/> 1 hour <input type="checkbox"/> 2-4 hours <input type="checkbox"/> More than 4 hours

What is the impact on the young person?

Please explain any impacts or positive outcomes resulting from their caring responsibilities in the following areas. The more detail you can provide, the better we'll be able to understand their needs and offer the right support.

Emotional Impact	
Does the young person currently have access to wellbeing support in or out of school?	<input type="checkbox"/> Yes / No <input type="checkbox"/>
Would the young person benefit from wellbeing support?	<input type="checkbox"/> Yes / No <input type="checkbox"/>
Social Impact	
Does the young person take part in any other socialising activities (e.g. youth club, swimming lessons, scouts etc) If yes, what activities and how often?	<input type="checkbox"/> Yes / No <input type="checkbox"/>
Education Impact	
If known, please include the child's current attainment levels and attendance percentage	
Is the young person recognised as SEND. Please tick all that apply and further details below	<input type="checkbox"/> Yes / No <input type="checkbox"/>
Does the young person have an EHCP in place? Or in the process of applying for one?	<input type="checkbox"/> Yes / No <input type="checkbox"/>
What support does the young person need from Cheshire Young Carers?	

If the young person is recognised as SEND or has an EHCP in place, please give further details.

The more detail you can provide, the better we will be able to understand their needs and offer the right support.

Please tick all that apply	Provide further details
<input type="checkbox"/> Disability <input type="checkbox"/> Additional areas of concern: <input type="checkbox"/> Communication and Language <input type="checkbox"/> Social Interaction <input type="checkbox"/> Emotional Wellbeing <input type="checkbox"/> Behavioural Difficulties <input type="checkbox"/> Learning and Cognition <input type="checkbox"/> Physical or Sensory Needs <input type="checkbox"/> Attention and Concentration <input type="checkbox"/> 1:1 Adult Support (Any level)	
Do you feel that the young person will manage within a large group of children without the need of additional adult support? <input type="checkbox"/> Yes / No <input type="checkbox"/>	If no, please give further details

Please share any relevant details regarding the family’s circumstances, safeguarding concerns, home environment, or potential safety issues to consider prior to visiting.

Parent / Guardian Consent **Required.*

To proceed with the referral and extend invitations to Cheshire Young Carers events, an individual with parental responsibility is required to read the following statements and provide their signature to confirm consent.

- I confirm that I hold parental responsibility for the child named in this referral and give consent for the referral to proceed.
- I consent to Cheshire Young Carers contacting school and informing them of the referral.
- I consent to the child’s participation in future Cheshire Young Carers activities.
- Any relevant medical conditions, support requirements or additional needs have been clearly detailed within this referral.
- I agree to receive communications from Cheshire Young Carers in relation to this referral and any related activities.

Full Name		Relationship to young person	
Signed		Date	