A picture containing text, clipart

Description automatically generated**South Tyneside Young Carers Service**

**Referral Form**

**Information on service**

South Tyneside Young Carers Service works with children and young people aged 5 to 24 years, who are in a caring role for someone due to illness, disability, mental health issues or substance/alcohol misuse issues. We are a specialist short term service and work with families for an agreed period to promote resilience and independence.

Support could include one-to-one sessions, respite activities, information, advice and guidance, advocacy and signposting to alternative services available.

**Contact details**

Please return completed form to [styc@humankindcharity.org.uk](mailto:styc@humankindcharity.org.uk)

If you have any issues completing the referral form or questions, please get in touch:

[styc@humankindcharity.org.uk](mailto:styc@humankindcharity.org.uk)



Icon

Description automatically generated 0191 4661260 / 07771376971

Or write to us at:  
South Tyneside Young Carers Service   
Wilkinson Five, The Clervaux Exchange,  
Clervaux Terrace, Jarrow, South Tyneside,  
NE32 5UP

**Find out more**

More information about what we do can be found online:

<https://humankindcharity.org.uk/service/south-tyneside-young-carers-service>

* <https://www.facebook.com/styoungadultcarers>

**Referral Process**

**Referral Form**

**Young Carers Details**

**Name:** Click or tap here to enter text. **Preferred name:** Click or tap here to enter text.

**DOB:** Click or tap to enter a date. **Gender:** Choose an item. **Address/postcode:** Click or tap here to enter text.

**Mobile number:** Click or tap here to enter text.

**Landline number:** Click or tap here to enter text.

**Email address:** Click or tap here to enter text.

**Preferred contact method:** Choose an item.

**Equality & Diversity**

**Does the Young Carer have any communication needs or require any reasonable adjustments?**  Yes  No

**If yes, please state:** Choose an item.

**Please provide details:** Click or tap here to enter text.

**Ethnicity:** Choose an item.

**Sexual orientation:** Choose an item.

**Does the Young Carer have a disability?** Choose an item.

**If yes, please state:** Choose an item.

**If other, please record condition:** Click or tap here to enter text.

**Allergies**

**Please record any known allergies:**

Cat hair  Dog hair  Gluten  Grass pollen

Lactose  Nut allergy  Other food allergy  Penicillin

Pollen  Shellfish  Other allergy  No known allergies

**Parent / Guardian Details**

**Name parent/guardian:** Click or tap here to enter text.

**Address/postcode:** Click or tap here to enter text.

**Relationship:** Choose an item.

**Mobile number:** Click or tap here to enter text.

**Landline number:** Click or tap here to enter text.

**Email address:** Click or tap here to enter text.

**Emergency Contact Details**

**Name:** Click or tap here to enter text.

**Relationship to Young Carer:** Choose an item.

**Mobile number:** Click or tap here to enter text.

**Landline number:** Click or tap here to enter text.

**Safeguarding**

**Safeguarding status:** Choose an item.

**Please provide details:** Click or tap here to enter text.

**Reason for Referral**

**Who does the Young Carer care for?**

Mother  Father  Grandmother  Grandfather

Brother  Sister  Daughter  Son

Other: Click or tap here to enter text.

**Reason for caring role:**

Alcohol misuse  Learning disability  Physical disability

Chronic illness  Mental health  Substance misuse

Domestic abuse  Other health issue  Terminal illness

Other: Click or tap here to enter text.

Please outline health issue(s) of the person/s cared for: Click or tap here to enter text.

**Caring tasks / responsibilities:**

Please outline the caring tasks / responsibilities that the Young Carer undertakes within the household:

Administering medication  Housework  Organising

Taking out / mobility  Interpreting  Personal care

Looking after siblings  Shopping  Emergencies

Emotional care  Cooking  Managing finances

**Please state any other responsibilities / tasks undertaken:**

Click or tap here to enter text.

**How does the Young Carer / Family feel they are affected by their caring responsibilities?**

Click or tap here to enter text.

**What support do the Young Carer / Family feel could reduce the impact of their caring responsibilities?**One-to-one / emotional support  Family support

Information, advice and guidance  Opportunities to meet other Young Carers

Break from caring responsibilities  Other: Click or tap here to enter text.

**Relationships**

**Please record key relationships such as:** GP, School, Social Worker, Lead Professional

**Name of organisation:** Click or tap here to enter text.

**Relationship / Profession:** Click or tap here to enter text.

**Name:** Click or tap here to enter text.

**Telephone:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Name of organisation:** Click or tap here to enter text.

**Relationship / Profession:** Click or tap here to enter text.

**Name:** Click or tap here to enter text.

**Telephone:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Name of organisation:** Click or tap here to enter text.

**Relationship / Profession:** Click or tap here to enter text.

**Name:** Click or tap here to enter text.

**Telephone:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Name of organisation:** Click or tap here to enter text.

**Relationship / Profession:** Click or tap here to enter text.

**Name:** Click or tap here to enter text.

**Telephone:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Please outline any other information you feel is useful or relevant:**

Click or tap here to enter text.

**Please outline any risks/safeguarding concerns in working with the family:**

Click or tap here to enter text.

**Referrer Details**

**Name:** Click or tap here to enter text. **Job title:** Click or tap here to enter text.

**Agency:** Click or tap here to enter text.

**Address/postcode:** Click or tap here to enter text.

**Contact number:** Click or tap here to enter text.

**Email address:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.

**Signature:** Click or tap here to enter text.

**Would your organisation be interested in Young Carers Awareness Raising?**  
 Yes  No

**Consent**

**Please confirm that the Young Carer and their parent/guardian (where they are under 16) have consented to this referral:**  
**Young Carer:** Yes  No

**Parent/guardian (if under 16):** Yes  No

**If no, we will return this referral with a request that you gain consent before referring.**

**The information on this form will be held digitally. It may be shared with other projects and agencies to help the individual. This is in accordance with the Data Protection Act 2018 and compliant with the UKGeneral Data Protection Regulation (UK GDPR*)*.  Please ask to see our Privacy Notice if you would like more information. By making this referral you are agreeing to the above statement.**