|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| BOX 1. REFERRAL TO CARERS LEWISHAM FOR YOUNG ADULT CARERS (16– 22 YEARS OLD) Please fill in all the boxes. Should the referral not be accepted due to more information needed we will contact the referrer. | | | | | | | | | |
| Name of Referrer: (If this is a self-referral please write your name here and the date on the right and then move down to BOX 2) | | | | | | Date of referral: | | | |
| Organisation/Agency/College/Sixth form/University/Other: | | | | | | | | | |
| Address: | | | | | | | | | |
| Tel: | | | | | Email: | | | | |
| BOX 2: YOUNG ADULT CARER(S) DETAILS | | | | | | | | | |
| Full Name | D.O.B | Gender | Ethnicity | Sixth form/College/Uni if appicable | | | Do you want us to liase with your school to inform them that you are a young adult carer? | | Diagnosed Disability or SEN? If yes, which condition(s)? |
| 1. |  |  |  |  | | |  | |  |
| 2. |  |  |  |  | | |  | |  |
| Family Address: | | | | | | | | | |
| Email Address (Please write down whose email this is): | | | | | | | | Mobile: | |
| Please describe your (the Young Adult Carer’s) caring responsibilities: i.e. type of caring role and how this impacts your life? | | | | | | | | | |
| What support do you think you (the Young Adult Carer) will benefit from?: | | | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| BOX 3: HOME AND FAMILY STRUCTURE - Please list everyone else living in the Young Adult Carer’s home | | | | | | |
|  | | | | | | |
| Name of Parent(s)/  Guardian, Siblings and other family members | Parental responsibility (Y/N) | Relationship to Young Adult Carer(s) | Age | Telephone number  (if different from above) | Person’s 1st language | Interpreter required (Y/N) |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |

|  |  |
| --- | --- |
| BOX 4: CARED FOR DETAILS - Information about the person being cared for by the Young Adult Carer(s)*Please note: we will NOT contact the cared for person without your permission* | |
| Name: | Date of Birth: |
| Relationship to Young Carer: (i.e., mother, sibling….) | |
| Address (if different from above): | |
| Main disability/illness (Please check all that apply):  Physical Disability ☐ Learning Disability ☐ Substance Misuse ☐ Mental Health ☐ Autism ☐ | |
| How does the disability/illness affect them and/or their daily activities? Please provide details: | |

|  |  |
| --- | --- |
| BOX 5: ANY OTHER PROFESSIONALS/AGENCIES INVOLVED (STATUTORY OR VOLUNTARY) | |
| Are you or your cared for known to Lewisham Social Care? | Yes ☐ No ☐ Don’t Know ☐ |
| Professionals/agencies involved with the family (Statutory or Voluntary) | |
| Name of Agency: | |
| 1. | |
| 2. | |
| 3. | |
| 4. | |

**GDPR: GENERAL DATA PROTECTION REGULATION 2018 (CONSENTS & SIGNATURES)**

***NOTE: We can’t accept any referral forms that are incomplete and/or missing the information & signature below.***

|  |  |  |  |
| --- | --- | --- | --- |
| IF YOU’RE A YOUNG CARER AGE 16-25, PLEASE FILL OUT THIS SECTION | | Yes | No |
| I agree that Carers Lewisham staff and volunteers can process my data to enable appropriate support for me and the person I care for. | |  |  |
| I give my permission for my personal details to be shared with other partners involved in the service delivery in accordance with the new General Data Protection Regulation (GDPR) | |  |  |
| I confirm that all of the information that I have given is the truth to the best of my knowledge | |  |  |
| I understand I can withdraw my consent at any time by calling 020 8699 8686 or contacting  [info@carerslewisham.org.uk](mailto:info@carerslewisham.org.uk) | |  |  |
| **Date:** | **Signature:** | | |

***Please continue to the next page of this form and complete the Young Adult Carer Questionnaire.***

**PLEASE SEND THE COMPLETED REFERRAL FORM (all 4 pages) TO:**

**Carers Lewisham, Attn: Young Adult Carers Programme, Waldram Place, Forest Hill SE23 2LB**

**Or EMAIL: info@carerslewisham.org.uk *ANY QUESTIONS, CALL: 020 8699 8686***

**YOUNG ADULT CARERS CONSENT FORM 2022-2025 – NO PERSON WILL BE ALLOWED ON TRIPS/ACTIVITES WITHOUT A SIGNED FORM**

|  |  |
| --- | --- |
| **Young person’s details:** | **Emergency contact of parent or carer with parental responsibility:** |
| First name: | First name: |
| Last name: | Last name: |
| Date of birth: Age: | Relationship to young carer: |
| Gender: ☐ Male ☐ Female ☐ Prefer not to say | Mobile and/or Landline: |
| Home address: | OTHER EMERGENCY CONTACT:  First Name: |
| Postcode : | Last Name: |
| Email address : | Relationship to young carer: |
| Mobile and/or Landline | Mobile and/or Landline |

|  |  |  |  |
| --- | --- | --- | --- |
| **Young Carers Medical Conditions** | **Doctor’s details** | | |
| Does your child have a medical condition or disability? Yes☐ No☐If yes, please tick below: | Name of GP practice: | | |
| Physical: ☐ | Address: | | |
| Mental Health: ☐ |
| Autistic spectrum disorder: ☐ | Postcode: | | |
| Learning/Educational/Sensory impairment: ☐ | Telephone Number: | | |
| Other or more details you would like us to know about an above category: ☐ | | | |
| **Young Carers Allergies and Dietary Requirements** | | | |
| Known Allergies: | Dietary Requirements: | | |
| Food Allergies: | Religious dietary requirements: | | |
| Is your child taking any medication that we need to know about? (Medication that may need to be taken whilst on a trip or residential?): | | | |
| Does your child take responsibility for administering his/her own medication? yes ☐ no ☐ If yes, please give details: | | | |
| I give consent for my child to be given First Aid treatment by a trained first aider. | | Yes ☐ | No ☐ |
| I authorise the Lead Young Carers Activity Worker to sign on my behalf any written medical consent required should there be a delay in obtaining my signature which would endanger my child/ young person’s life. | | Yes ☐ | No ☐ |
| I give my consent for photographs taken at trips, clubs, groups or events to be used for Carers Lewisham’s & Phoenix’s marketing/promotional material(e.g. leaflets, websites & social media)  *PLEASE READ THE BACK OF THIS CONSENT FORM REGARDING USEAGE OF IMAGERY/GDPR INFO* | | Yes ☐ | No ☐ |
| I acknowledge that my child should always behave appropriately & use acceptable language. | | Yes ☐ | No ☐ |
| **I will inform Carers Lewisham of any changes to this information prior to my child attending any trips, clubs and groups or event.** | | Yes ☐ | No ☐ |
| Signature of parent/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**IMAGE CONSENT INFORMATION – PHOTOGRAPHY**

Carers Lewisham Young Carers Holiday Club uses photography to record and promote our work, and to raise awareness of activities and opportunities. We use these photos of our participants, beneficiaries, and members of the public in many ways, including:

* our website
* email newsletters and social media platforms
* publications (newsletters, annual reports etc)
* promotional materials (for example leaflets, posters or adverts)
* in media and news releases
* in reports to funders.

We will also share photos with the project funder, who will also use the photos to demonstrate the impact of their grant in their own online and offline communications.

I understand that:

* images of my child or children, and other personal data will be treated in accordance with the General Data Protection Regulation (Regulation (EU) 2016/679) and any succeeding acts.
* images of my child or children will be stored securely by Carers Lewisham and Phoenix for up to 5 years, before being destroyed securely
* images will only be used for the purposes detailed above
* I can withdraw consent at any time and that my images will be deleted and not used again. My image will be removed from any new digital materials but will not be recovered from print materials which have already been issued or in general circulation.

We will process the personal information on this form to enable us to deliver and monitor this project. We will also share the house number and postcode information with Phoenix Community Housing Association so they can:

* Monitor this project to ensure it benefits Phoenix Community Housing Association residents
* Carry out anonymised research
* Maintain their accounts and records

The information you provide will be stored and retained securely and treated in accordance with Phoenix Community Housing Association and Carers Lewisham Data Protection Policies, the General Data Protection Regulation and any succeeding acts. More details about how Phoenix Community Housing Association uses your data can be found in their data protection policy    or  on request by calling 0800 0285 700

**For more information, or to withdraw your consent, please contact Carers Lewisham at 020 8699 8686**

|  |
| --- |
| BOX 6: YOUNG ADULT CARERS QUESTIONNAIRE |

Please have the Young Adult Carer complete the Questionnaire themselves so that all the answers are truly reflective of their own experiences and feelings. This will help us gain a better understanding of how much caring, the types of tasks and how this impacts their college/uni/sixth form work.

If more than one young person is being referred on this form, please have each one fill out a separate Questionnaire.

**YOUNG CARER QUESTIONNAIRE *THIS FORM NEEDS TO BE FILLED OUT BY THE YOUNG ADULT CARER***

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Below are some jobs that young adult carers do to help.** Think about the help you have provided **over the last month.** Please put a tick in the box to show how often you have done each of the jobs in the last month.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **THE CARING JOBS I DO\*** | **Never** | **Some of the time** | **A lot of the time** |
| **1** | **Take responsibility for shopping for food for the family \*** |  |  |  |
| **2** | **Make main meals for the family\*** |  |  |  |
| **3** | **Wash or iron clothes for other people you live with\*** |  |  |  |
| **4** | **Help with financial matters such as dealing with bills, banking, collecting benefits\*** |  |  |  |
| **5** | **Help with paperwork e.g. writing letters for someone, filling in forms\*** |  |  |  |
| **6** | **Interpret, sign or use another communication system for the person you care for\*** |  |  |  |
| **7** | **Interpret for someone you live with because English is not their first language\*** |  |  |  |
| **8** | **Go to the doctor or hospital with the person you care for\*** |  |  |  |
| **9** | **Help the person you care for to dress or undress\*** |  |  |  |
| **10** | **Help the person you care for to have a wash, bath or shower\*** |  |  |  |
| **11** | **Help the person you care for to walk, get up the stairs, get into and out of bed\*** |  |  |  |
| **12** | **Help the person you care for use the toilet\*** |  |  |  |
| **14** | **Making appointments/being main point of contact for the cared for person’s GP.** |  |  |  |
| **15** | **Help the person you care for with their medication e.g. making sure he/she takes their pills, giving injections, changing dressings\*** |  |  |  |
| **16** | **Take brothers or sisters to school\*** |  |  |  |
| **17** | **Look after brothers or sisters on your own\*** |  |  |  |
|  | **HOW CARING AFFECTS ME\*** |  |  |  |
| **18** | **Because of caring, I’ve missed sleep (e.g. have to get up in the night or stay up late) taking care of someone at night\*** |  |  |  |
| **19** | **Because of caring duties at home, I’ve been absent or late for work or classes** |  |  |  |
| **20** | **Because of caring duties at home, I’ve missed out on work and events at school** |  |  |  |
| **21** | **Because of caring duties at home, I don’t have time to hang out with my friends** |  |  |  |
| **22** | **Because of caring I don’t have enough time to take care of my own needs** |  |  |  |
| **23** | **Because of caring I have to do things that make me upset\*\*** |  |  |  |
| **24** | **Because of caring I feel stressed\*\*** |  |  |  |
| **25** | **Because of caring I feel very lonely\*\*** |  |  |  |
| **26** | **Because of caring I feel like I can’t cope\*\*** |  |  |  |
| **27** | **Because of caring I have changed my mind about my future school or work plans** |  |  |  |

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