|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **The Young Person** | | | | | | | | | | | | |
| Name | | Age | | D.O.B | | | | | School Yr | | Gender | Ethnicity |
|  | |  | |  | | | | |  | |  |  |
| Parent / Guardian Contact Name | |  | | | | | | | | | | |
| Address: | | | | Parent / Guardian’s Contacts | | | | | | | | |
| Home Tel | | |  | | | | | |
| Mobile | | |  | | | | | |
| Email | | |  | | | | | |
| Cared for person (please circle or state) | | | Mum | | **Dad** | | | Sibling | | Other (please specify): | |  |
| School / College / Employer (if applicable) | | |  | | | | | | | | | |
| Are school / college aware of caring situation at home? | | |  | | | | | | | | | |
| School contact person | | |  | | | | | | | | | |
| Consent to contact school | | | Yes | | | | | | | No | | |
| Has the young person missed school because of their caring role? | | |  | | | | | | | | | |
| Has an Early Help, or CiN, or similar been completed (or in progress) for the Young Person? | | | Details: | | | | | | | | | |
| Are any other agencies involved? | | |  | | | | | | | | | |
| 1. **Other Household Members** | | | | | | | | | | | | |
| Name | D.O.B. | Relationship | | | | Medical Conditions | | | | | | |
|  |  |  | | | |  | | | | | | |
|  |  |  | | | |  | | | | | | |
|  |  |  | | | |  | | | | | | |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Reason for caring (please tick)** | | | | | | | |
| Sensory Disability | Learning Disability | Physical Disability | Long-term Illness | Drugs / Alcohol Misuse | Mental Health Conditions | Older person | Other (give details below) |
|  |  |  |  |  |  | | |
| Additional and/or significant information about the condition of the cared for: | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Caring Role** | | | | | |
| What does the young person do to help the person they care for? (continue on additional sheet if necessary) | | | | | |
|  | | | | | |
| How does the caring role affect the young person? (continue on additional sheet if necessary) | | | | | |
|  | | | | | |
| 1. **Referrer details** | | | | | |
| Name |  | | Job Title/Role | |  |
| Agency |  | | Telephone Number | |  |
| Email |  | | | | |
| Address |  | | | | |
| Date of Referral |  | | Date of referrers assessment |  | |
| Feedback on Assessment required | | Yes / No | | | |

# Please note that your data will be held securely by Wigan & Leigh Carers Centre.

**Consent**

Signature of child/young person (where appropriate) Date

Signature of parent / guardian Date

Signature of referrer Date

*The information contained on this assessment will be shared with the young person and their family.*