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| 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.*