

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?							
2) Other Household Members							
Name	D.O.B.	Relationship	Medical Conditions				
3) 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:							

4) 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)

5) 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.