



Please Return to:  
[admin@fifeyoungcarers.co.uk](mailto:admin@fifeyoungcarers.co.uk)

Ore Valley Business Centre,  
93 Main Street,  
Lochgelly,  
KY5 9AF

## Referral Form

### Professionals - Young Carers Statement

Have you offered the young person a Young Carers statement?

Please see the  
guidance notes for  
more information.

**Offered and attached:**   
Please complete sections A-C

**Offered but declined:**   
Please fill in all sections (A-E)

The Statement and Guidance can be found at:  
<https://girfec.fife.scot/getting-it-right/resources/>

### SECTION A About the Young Carer

Name:	Date of Birth:
Address:	Gender:
	Home Number:
	Mobile Number:
Postcode:	Email:

School/ College/ Employment (circle) Name:	Year/Class:
Contact Person:	Contact Number:
Role:	Email:

Support currently in place in school/college:

## Main Parent/Guardian Details

Name:	Relationship:
Address:	Home Number:
	Mobile Number:
Postcode:	Email:

## Caring Role

Cared For person(s) name:	Relationship to the young person:
---------------------------	-----------------------------------

What is the health condition(s) affecting the cared for person(s)?

Is the young person the Primary or Main carer?	Yes	No
--	-----	----

If no, who is the Primary Carer?

## All other relevant family members

Name	Age	Relationship	Address if different

**Details of other agencies involved in supporting this family**

Agency/ Organisation	Contact Name	Role	Telephone Number / Email

**Please summarise your understanding of the Young Person’s caring role and its effects on their day-to-day life.**

**What advice/support would this young person benefit from?**

1:1 support <input type="checkbox"/>	Peer support <input type="checkbox"/>	Support to access further education or training <input type="checkbox"/>	Other – please detail <input type="checkbox"/>
Emotional support re caring role <input type="checkbox"/>	Social activities <input type="checkbox"/>	Emergency Plan <input type="checkbox"/>	
Confidence building <input type="checkbox"/>	Financial advice <input type="checkbox"/>	Advocacy <input type="checkbox"/>	

**Is there any other information you wish to add about the young person and their family circumstances that may help fife young carers prioritise this referral?**

**SECTION B  
Referrer Details**

Name	Agency/organisation
Address	Role/post
	Telephone Number
Post code	Email

Fife young carers has a lone working policy which requires staff to do a risk assessment prior to any home visit or individual work in the community with a young person.

**Are you aware of any risks that could inform that assessment or suggest that joint visit would be appropriate?**

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

If Yes, please detail.

**I understand the following (Please tick)**

- The information I have provided will be used to process the referral for the child/young person.
- My details will be stored in FYC's secure database in line with our Data Protection Policy.
- On occasion Fife Young Carers sends information about services we provide and events we are holding. Please tick here if you would like to receive these mailings.

Signature:	Date:
------------	-------

**SECTION C**  
**Parent / Guardian**

**This section must be fully completed by a parent/guardian in order to process the referral.**

All information (including details of household members and their health conditions), contained in this form and obtained through our assessment process will be used to devise a plan of support for the child/young person referred for support.

The information will be stored electronically on FYC's secure database or manually in a locked cabinet. All files will be destroyed after the child/young person leaves our service as per our Data Protection Policy.

- **I confirm the information contained in this form is correct and agree to its use by Fife Young Carers for the reasons stated above.**

Please confirm you have read, understood and give permission to the following by ticking the appropriate boxes below:

- **FYC may contact the agencies mentioned in this referral for more information in order to assess the impact of the caring role.**

- **I give FYC permission to photograph my child and use the image in order to issue a Young Carers Authorisation Card if required.**

- **I give FYC permission to notify school/college about the caring responsibilities of the young carer and meet with the young carer in school / college to complete the assessment.**

Signed: (parent)

Date:

Signed: (Young Person if over age 12)

Date:

**SECTION D – Professionals Only**  
**Other Information – If no Young Carers Statement completed**

Reason the Young Person declined the Young Carers Statement:

What other commitments, hobbies or positive experiences are available to this young person:

**To be completed by professionals referring a young person. Using the Wellbeing indicators can you list protective factors and any areas of concern**

Safe:	
Healthy: (including mental and emotional wellbeing)	
Active:	
Nurtured:	
Achieving:	
Respected:	
Responsible:	

Included:

**SECTION E – Young Person and referrer**

**CARING JOBS I DO (My Caring Role) – If no Young Carers Statement completed**

Below are some jobs that young carers do to help. Think about the help you have provided over the last month. Please read each one and put an X in the box to show how often you have done each of the jobs in the last month.

**Please complete with the Young Person**

	Never	Some times	A lot
1. Clean your own bedroom			
2. Clean other rooms			
3. Wash up dishes or put dishes in a dishwasher			
4. Decorate rooms			
5. Take responsibility for shopping for food			
6. Help with lifting or carrying heavy things			
7. Help with financial matters such as dealing with bills, banking money, collecting benefits			
8. Work part time to bring money in			
9. Interpret, sign or use another communication system for the person you care for			
10. Help the person you care for to dress or undress			
11. Help the person you care for to have a wash			
12. Help the person you care for to have a bath or shower			
13. Keep the person you care for company e.g. sitting with them, reading to them, talking to them			
14. Keep an eye on the person you care for to make sure they are alright			
15. Take the person you care for out e.g. for a walk or to see friends or relatives			
16. Take brothers or sisters to school			

17. Look after brothers or sisters whilst another adult is near by			
18. Look after brothers or sisters on your own			