****Self-referral form

**Harrow Young**

**Carers**

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| Person Completing … |
| Name | .......................................... | Date of referral | .......................................... |
| Telephone | .......................................... | Email | .......................................... |
| Parent/Guardian Details (if different from above)… |
| Name | .......................................... | Relationships to Carer | .......................................... |
| Telephone | .......................................... | Mobile Telephone | .......................................... |
| Young Carer Details… |
| First Name | .......................................... | Surname | .......................................... |
| Address | ........................................................................................................................................... |
|  | .......................................... | Postcode | .......................................... |
| Telephone | .......................................... | Mobile Telephone | .......................................... |
| Email | ........................................................................................................... |
| Date of Birth | .......................................... | Age | .......................................... |
| School | .......................................... | Gender | .......................................... |
| Ethnic Origin | .......................................... | Religion | .......................................... |
| GP Surgery | .......................................... | Main language  | .......................................... |
| Any medical issues | ........................................................................................................................................... |
| Cared For Persons Details… |
| Name | .......................................... | Relationships to Carer | .......................................... |
| Date of Birth | .......................................... | GP Surgery | .......................................... |
| Gender | .......................................... | Ethnic Origin | .......................................... |
| Conditions / Disabilities  | ………………………………………………………………………………………………………….  |
| Area of Care | Mobility or Physical DisabilityLearning DisabilityChronic ConditionMental HealthAddictionElderly | [x] [ ] [ ] [ ] [ ] [ ]  | ...................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................... |

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| Parental Consent  |
| Are you the parent or Guardian of the Child / Young Person beingreferred?  | Yes | No |
| Is the Parent or Guardian aware of this referral?  | Yes | No |
| Do you have consent from the Parent or Guardian for their Child to be referred to Harrow Young Carers and engage in support?  | Yes  | No |
| Consent Given By:*(name parent or guardian)* | ……………………………………............ |
|  |  |
| Date | .......................................... |
|  |  |
|  |  |  |  |

*In line with GDPR Harrow Young Carers is unable to accept referrals without parental or guardian consent as information contained here within is classed as identifiable personal data. As such any referrals sent to us which do not have the above consent section completed will be deleted and or destroyed.*

*We are unable to offer any out of school support such as activities, trips, study clubs to young carers who are not registered and do not have parental/ guardian consent. If a parent or guardian wishes to find out more about us before giving consent they can visit our website;* [*www.harrowcarers.org*](http://www.harrowcarers.org) *or contact us on 020 8868 5224 and ask to speak with the young carers team.*

*Harrow Young Carers will never disclose any personal information we hold to any third party without expressed consent for its release or unless required to do so by law. The information provided here will be used solely for the purpose of supporting the young carer and their family and contacting them about support options available from Harrow Carers.*

*(FOR OFFICE USE)*

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| *Is all information complete?*  | *YES* | *NO* |
| *Parental Guardian Consent Given?*  | *YES* | *NO* |
| *In Borough of Harrow?*  | *YES* | *NO* |
| *Confirmation Letter Sent*  | *YES* | *NO* |