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| **Young Carers Details** |
| **Young Carer’s Name**  |  |
| **Other names previously used** |  |
| **Date of Birth** |  |
| **Address of Young Carer** |  |
| **Contact Number** |  |
| **School/ Further Education/ Employment** |  |
| **GP Details** |  |
| **Gender Identity** |  |
| **Ethnicity**  |  |
| **Religion**  |  |
| **Is the Young Carer Care Experienced?**  |  |
| **Child Protection Status:** Are they on Child Protection Register? If so, which category of concern? |  |
| **Cared For Details** |
| **Cared for Person’s Name**  |  |
| **Relationship to Young Carer** |  |
| **Cared For Needs** | [ ]  **Physical Health Needs** [ ]  **Mental Health Needs** [ ]  **Alcohol or Substance Use**[ ]  **Learning Disability / Additional Support Needs** [ ]  **Sensory Impairment**[ ]  **English as Second Language** [ ]  **Terminal Illness/ Life Limiting**  |
| **Please Provide Details (e.g condition details and current supports received):** |
| **Type of Care Provided** |
|  | **Yes** | **No**  |
| **Emotional support** |  |  |
| **Practical Support** |  |  |
| **Physical Care** |  |  |
| **Personal Care** |  |  |
| **Sibling Care**  |  |  |

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| **Family/ Household Members and Other Significant Relationships** |
| **Name** | **Date of Birth** | **Relationship to Young Carer** | **Address** | **Parental Responsibilities and Rights** |
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| **Professionals and Other Agencies Involved** |
| **Agency** | **Contact name/role** | **Contact details** |
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| **Support Needs** |
| [ ]  **1:1 Support**  | [ ]  **Peer Support/ Social Activities** | [ ]  **Financial Advice**  | [ ]  **Volunteer Befriender** |
| [ ]  **Advocacy**  | [ ]  **Access to Further Education or Training**  | [ ]  **Signposting** | [ ]  **Emergency Plan** |
| **Please provide reasons for support need:** |

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| **Consent to Service**  |
| **Signature of Young Carer** |  | **Date:** |
| **Signature of Referrer** |  | **Date:**  |
| **Contact Details of Referrer** |  |

**Fair Processing/Privacy Notice**

**Why are we asking for your information?**

Aberdeen City Council (ACC) collects information about your child’s circumstances. It is collected and processed in order to provide support for your child. ACC will only share information (other than in child protection situations) in order to access support from one or more partners agreed with you. The partners you have agreed to share information with are listed on page 2 of the referral form.

The Council does this as part of our public task. The information held in the Young Carer’s referral helps Aberdeen City Council to assess, plan, coordinate and quality assure the supports available to your child. The Council does not use an automated process for making decisions about your child or the services required; decisions are made with you.

We will keep this information for a period of 5 years from the date of your child leaving the service unless we have a legal responsibility to keep the information for a longer period of time.

Your Data, Your Rights

You’ve got legal rights about the way the Council handles and uses your data, which include the right to ask for a copy of it, and to ask us to stop doing something with your data. Please contact the Council’s Data Protection Officer by email DataProtectionOfficer@aberdeencity.gov.uk or in writing at: Legal and Democratic Services, Business Hub 6, Level 1 South, Marischal College, Aberdeen, AB10 1AB.

More information about all of the rights you have is available on our website at: <https://www.aberdeencity.gov.uk/your-data>.

You also have the right to make a complaint to the Information Commissioner’s Office, ([www.ico.org.uk](http://www.ico.org.uk)). They are the body responsible for making sure organisations like the Council handle your data lawfully.