Please complete this form to refer a Young Carer for Home Base Tuition Support (Virtual). Young Carers must be open to **0-18 Early Help or Children’s Social Care** to be eligible. Each Young Carer will be allocated a maximum of 10 hours home based support via a virtual platform.

**Statement of Confirmation** *(must be* ***Yes*** *for all statements)*

|  |  |
| --- | --- |
| **There is an active assessment/ plan open to 0-18 Early Help/ Children’s Social Care** | **Yes or No** |
| **The young carer has been recorded on MOSAIC (user group) as a “Young Carer”** | **Yes or No** |
| **I have discussed this offer with the young carer and their parent/ guardian/ family members** | **Yes or No** |
| **The family give consent to share their information and details with the tutoring agency** | **Yes or No** |
| **The young carer has access to suitable device (laptop/tablet) and broadband at home** | **Yes or No** |

**About the Young Carer**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name** |  | | | |
| **Home Address** |  | | | |
| **Post Code** |  | **Contact Number** | |  |
| **MOSAIC Number** |  | **Date of Birth** | |  |
| **Name of Parent/ Guardian** |  | | | |
| **Parent/ Guardian Contact Number** |  | **Email** |  | |

***By default, the tutor will contact the parent/guardian directly once a match has been confirmed, unless the referring family practitioner needs to be involved in arranging the first session (in which case the tutor will first contact the practitioner).***

***If the practitioner should be involved, please make this clear on the referral form in the “Other Information” section on page 2.***

**Required Tuition Support** *(please select the year group and required subject)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year 10** |  | **Year 11** |  | **Drama** |  |
| **Maths** |  | **English** |  | **Science** |  |
| **History** |  | **Geography** |  | **Art** |  |
| **ICT** |  | **Music** |  | **Other** |  |
| **Other** *(please check agency webpage for available subjects)* | | |  | | |

**Exam Boards**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Edexcel** |  | | **OCR** |  | **AQA** |  |
| **CIE** |  | | **CCEA** |  | **ICAAE** |  |
| **Other** | |  | | | | |

**Availability for Virtual Tuition**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Mondays: 6pm – 9pm** |  | **Tuesdays: 6pm – 9pm** |  | **Wednesdays: 6pm – 9pm** |  |
| **Thursdays: 6pm – 9pm** |  | **Fridays: 6pm – 9pm** |  | **Saturday: 10am – 2pm** |  |
| **Saturday: 2pm – 6pm** |  | **Sunday: 10am – 2pm** |  | **Sunday: 2pm – 6pm** |  |

**Other Information** *(more detail about particular topics/areas the young carer is concerned about, or what goals they wish to achieve within the allocated 10 hours support, do they have any specific preference or needs on the type of tutor they would like, would they like to improve their skills or specific attainment levels?).*

|  |
| --- |
|  |

**Referrer and Service**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | **Role/ Service** |  |
| **Contact No** |  | **Email** |  |

**Signature of Parent/ Guardian**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | **Signature** |  |
| **Date** |  | **Relationship** |  |

**All completed referrals should be emailed to** [**young.carers@walthamforest.gov.uk**](mailto:YOUNG.CARERS@WALTHAMFOREST.GOV.UK)