



Action for Children Scottish Borders CHIMES Service provides support to:

- Young people under the age of 18 who are impacted by parental/carer alcohol or substance use. This can be current or historical use, and the parent/carer does not have to be currently living with the child/young person. **Use this referral form.**
- Parents/carers whose current or historical alcohol/substance use is impacting on them or likely to have an impact of their children/unborn baby. **From June 2024 use the joint Borders Addiction Service, We Are with You and CHIMES Referral Form. You will find this on the ADP website or contact CHIMES for the referral form.**
- Other family members concerned about someone's use of substances. **Use this referral form**
- Young Carers age 7 – 18 who are providing care and support to parents, siblings or another family member who has a physical illness/disability, a mental health illness/disability or a problem with substance use. Young carers assume a level of responsibility for themselves and/or another person that would normally be taken on by an adult. A young carer may be affected practically, emotionally and/or socially because of the caring situation. **To make a referral for a young carer please use this form but note referrals from schools is via a Young Carers Statement (YCS). A YCS must be completed and assessed before a referral is accepted. A YCS is often best completed by someone known to the young carer. To request a YCS contact CHIMES. Once completed a YCS can also be submitted as a referral for a young carer.**

Please complete all sections as fully as possible as we are unable to accept incomplete referrals. It is also important that you have consent from the child/young person/parent for the referral to be made.

If you need more information about our service or would like to have a chat about someone you think may require support, then please contact Chimes@actionforchildren.org.uk

**Action for Children,
Galamoor House,
Netherdale,
Galashiels,
TD1 3EY. (please note new address from March 2025)**

Telephone: 01896 750173

SERVICE USER DETAILS**DATE OF REFERRAL:**

Forename:	Surname:
Age:	Date of Birth:
Gender:	Religion:
Ethnicity:	Nationality:
Disability:	Primary Language:
Statutory orders/criminal convictions:	Is the child on the Child Protection Register?

Service Users Address:	Telephone:
GP Name and Contact Details:	School or Work Details: School Contact / Guidance:

Has the Service User been consulted regarding the referral? Yes/no

If referral is for a child / young person, are parents aware of referral? Yes/no

REFERRER DETAILS

Name:	Job Title/Relationship: Click to Input
Telephone:	Email:
Address (including Post Code): Click to Input	Other agencies working with the family: Are they aware of this referral? No/

FAMILY / HOUSEHOLD DETAILS – Required for all referrals.

Name: D.O.D/age: Age: Relationship: Illness/disability: Address (if different): Tel No (if different):	Name: D.O.D/age: Age: Relationship: Illness/disability: Address (if different): Tel No (if different):
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Reason for Referral

Please provide information as much information as possible. Please include:

- The person using substances, substance used, impact on self and children and involvement with We Are with You or BAS.
- The nature and extent of the caring role taken on by the young carer and the impact this is having on the young person in terms of emotional and physical development and their opportunities for social / recreational activities.

Additional Information

Is there anything else we should be made aware of such as mental health issues or risks to self or others? Is there an existing Young Carers Statement, Care Plan or Risk Assessment? Please provide a copy.