



Referral Form

Date of Referral.	Caring role is affecting:	Social Isolation	Education	Employment	Family support	Mental Health	Health and Wellbeing
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Other/Further Details

Organisational Name

Referrers Name

Position

Contact Number

Email Address

Carer Details

Surname	First Name/s
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Preferred Name

Sexual Orientation (optional)	Date of Birth			
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Address

Post Code

Contact Number	Email Address
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Has the young carer/Parent/Guardian given permission for the referral?	Yes	No
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If under 18

Name of Parent/Guardian

Address if different from above

Post Code

Contact Number	Email Address
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Please answer as many of these questions as possible.

Who is being cared for?

Relationship to carer?

Does the carer live at the same address as the person being cared for? If not, please complete the next section.

Address of cared for if different from the carer.

Has the young carer had a carers assessment?

YES

NO

What other agencies are involved with the young carer?

What level of support does the young carer require?

One to One

Health and Wellbeing

Emotional support

Financial guidance

Family support (CAB link)

Other

Comments (please add any further information that might support this referral)



Young Carers Connected

Referral