# Young Carer Referral Form

Please complete this form for any Young Carer aged 8 up to 17 years old whose parent or guardian has given permission for the referral, and lives, studies, works, or cares for someone who lives in the LB Sutton.

We support Young Carers from the age of 8 years old and Young Adult Carers up until the age of 25. Any Young Carer or Adult Carer aged 18+, may refer themselves via our website.

## Referrer details

Name

Role & organisation

Email

Phone

## About Young Carer

First Name

Last Name

DOB

Gender

Address

Post code

Does YC have any of the following in place:

- [ ] EHAT
- [ ] EHCP
- [ ] CIN
- [ ] Other
- [ ] CP Plan
- [ ] None

Does YC have any:

- [ ] Any allergies (please specify below)
- [ ] Dietary requirements
- [ ] Any additional needs

Does the YC have a health condition (if yes please specify):

Further health notes (if you reach the end of the line, click to continue in the next box as any additional text will be lost):

## If available, please supply the following contact details:

Young Carer mobile

Young Carer email

## Parent/guardian details

These are required questions for most YCs. If not applicable, e.g. due to age, please write 'N/A'.

Full name

Email

Phone 1

Phone 2

## About the caring role

Does YC care for more than one person? Yes ☐ No ☐

What is the relationship of the main/ first person cared for?

*If YC cares for more than one person, please insert further details in notes section.*

## About the person cared for

First Name

Last Name

Gender

Date of birth

If different from YC, what is their address?

What is the main reason for caring?

Details of caring role/s (if you reach the end of the line, click to continue in the next box as any additional text will be lost):

## Additional information

GP surgery

School/college

School contact number

School contact person:

What is their job role/title?

Tick if true:

☐ Does the school know they are a Young Carer?

☐ Does the YC attend school regularly

## Details of any other professionals working with YC or the family e.g. Social Worker:

Full name

Job title

Contact

## About YC

As a small independent charity, it is really useful for us to gain the following information for monitoring and funding purposes. Any information will only be used anonymously unless we gain your authorisation for any other reason. Please help us by completing the following questions:

Ethnicity

Religion

Housing situation, (e.g. housing association, owner occupied, private rented etc

## Other household members

How many people are in your household?

Please tell us about anyone not already mentioned. If there are more household members, please include details in notes.

| Name | Age | Relationship to YC |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

## Any other information

Include any support you feel YC may need at this time (if you reach the end of the line, click to continue in the next box as any additional text will be lost):

Thank you for completing your details.
Please email your completed form to youngcarers@suttoncarerscentre.org

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## Sutton Carers Centre

**Website** www.suttoncarerscentre.org (scan QR code to access)

**Tel:** 020 8296 5611 / **Email:** youngcarers@suttoncarerscentre.org
**Open times:** Monday to Friday 10am - 5pm, Tuesdays until 8pm


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