



Young Carer Referral Form

Young Carer

Full Name of young carer:			
Age:		DOB:	
Ethnicity:			
Parent/Guardian(s) Name:			
Address:			
Parent/Guardian contacts:	Email:		
	Telephone:		
	Mobile:		
School:			
Name of Teacher/Form Tutor/Young Carer Lead:			

The person(s) cared for

Name of Cared for:	
DOB of Cared for:	
Relationship to young carer (eg: sibling, parent, grandparent)	
Please give brief details of the cared for person's health issue (eg: illness, physical disability, learning disability, mental health, substance misuse, domestic violence)	

How is this young person providing care and support?

Please tick all that apply

Regular personal care for the cared for	Yes	No
High level of domestic support in the home	Yes	No
Taking regular/significant responsibility for younger/older brother/sisters	Yes	No
Providing significant emotional support to the cared-for and/or others in the family	Yes	No

What does this involve? Does this have an emotional impact on the young person? If so, how?:	
Do you have specific concerns for this young person? (e.g. restricted social networks, poor mental health, difficulties at school or home):	
Does the young carer have their own disability/illness or behavioural issues? If so, details please:	

Please tick as appropriate

Is the young person/family aware that you are making this referral?	Yes	No	
Can Be Free YC make direct contact with them at home?	Yes	No	
Has the young person received a Young Carers Needs Assessment?	Yes	No	Unsure
Are professionals currently involved with the young person or family?	Yes	No	Unsure
If so, details please:			
Are there any other matters or concerns Be Free YC should be aware of when contacting/visiting the family? If so, details please:			

Contact details of person making this referral:

Name:	
Job Title:	
Organisation:	
Contact number:	
Email:	