



# 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:	

**Email this form to:** [referral@befreeyc.org.uk](mailto:referral@befreeyc.org.uk)