

Young Carers Identification and Referral Form

Are you aged 5yrs – 17yrs and helping to look after a family member, friend or neighbour because of their physical, mental ill health, frailty, learning disability or substance misuse?

By identifying yourself as a carer, we will be able to support you and signpost you to the support services available to you as a carer. If you consent, we will also refer you to Northamptonshire Carers Service for an assessment, who will identify your needs and provide further support to you as a carer.

Young Carer details:	
First Name:	Last Name:
Date of Birth:	
Address:	Post Code:
Tel. No:	Mobile phone no:
E-mail:	
GP Practice where you are registered:	
School/College:	Full /Part time Education:
Is your family aware of this referral?	Yes/No
Can your family be contacted?	Yes/No
Name of parent or carer to contact on behalf of young person:	

Any referral of a young person under 18yrs needs to have the permission of the Parent/Guardian. Parent/Guardian to complete this section.

Name of Parent/Guardian:	Signed Parent/Guardian: (I give permission for referral)
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DETAILS OF THE PERSON YOU LOOK AFTER:

Name:
Date of Birth:
Address & Postcode: (If different from above)
Contact Telephone No: (If different from above)
Relationship to young carer:
Details of medical condition and details of the care that you provide:
Details of the GP practice where the person you care for is registered:

I consent to you referring me to *Northamptonshire Carers Service for further information and support

*The Northamptonshire Carer's Service is a countrywide organisation offering support to carers and young carers by providing useful information, support and advice such as Free Carers sitting service and free gym sessions

Please return completed forms to reception.