

Young carer referral to York Carers Centre



Section 1 – details about the young person

Name	Date of birth
Address and postcode	
Home phone number	Ethnicity
Mobile phone number	
Email address	
School/college	
Name and address of your GP	
Name of person with parental responsibility	
Contact details of person with parental responsibility	

Section 2 – who does the young person care for (person 1)?

Name	Date of birth
Relationship to the young carer	
Address and postcode (if different)	
Please tell us about their disability/condition and the help they need?	

Who does the young person care for (person 2)?

Name	Date of birth
Relationship to the young carer	
Address and postcode (if different)	
Please tell us about their disability/condition and the help they need?	

Section 3 – reason for referral

Please tell us about the young person's level of caring

Section 4 – other family members

Name	Date of birth	Relationship to young person

Section 5 – other services involved

Is there a CAF in place for this young person yes / no

Is there a safeguarding plan for the young person yes / no

Has the young carer had a Young Carers Assessment of Need? yes / no

Tell us the name, address and contact details of services involved with the young person. Please include social workers, CPNs, Home care, Respite Education, Limetrees, and dates of Young Carers Assessment of need.

Type of service	Name, address and contact details	Date (if relevant)

Is there anything we need to know about safety?

Are the family aware of this referral? yes / no

Referred by	Date of referral
Address	
Contact number	

Return this form to York Carers Centre, 17 Priory Street, York, YO1 6ET.