**Referral to Kingston Carers’ Network - Young Carers’ Project**

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| --- | --- |
| Date of referral: Date of referral:  | Name of referrer:  |
| Job title:  | Telephone:  |
| E-mail address: |

***You MUST have the permission of the carer or parent to make a referral.***

 **Young Carer:**

|  |  |
| --- | --- |
| Surname:  | Forename:  |
| Address:  | School:  |
|  |
| D.O.B.: | Age:  |
| Telephone (Home):  | (Mobile):  |
| Gender: (female,male,non-binary) | Ethnic Origin:  |
| Main Guardian:  | Relationship:  |
| E-mail:  | Any difficulties in contacting?  |

 **Person with care/support needs:**

|  |  |
| --- | --- |
| Surname:  | Forename:  |
| D.O.B.:  | Relationship:  |
| Diagnosis/condition:  |
| Type of care/support provided and impact of this: |

**Often we like to contact the school to let them know the carer is part of this project.**

**This helps us and the school know how best to support the carer.**

Is it OK for us to have contact with school? **YES/NO**

**It can also be helpful to contact the Single Point of Access, especially if you would like us to arrange a Young Carers’ assessment.**

(SPA are a qualified team of professionals who will review information and direct it to the appropriate service)

Is it ok for us to have contact with SPA? **YES/NO**

**Young Carer’s and Family Circumstances:**

|  |
| --- |
| **Please give us any information which may be useful e.g.***1. Are there other professionals involved?**2. Is the young carer the main carer?**3. Is the parent/guardian or anyone else concerned about the level of caring been undertaken?**4. Are there any other issues the family need support with?**5. Any additional needs?**6. Any other relevant information?* |