



Young Carers Project & Upbeet Referral form

Full Name _____
Address _____
_____ Postcode _____
Tel/mobile _____ Email _____
D.O.B _____ Age _____ Male/Female (delete as appropriate)
School attending (if applicable) _____

Who is a Young Carer? Their family member may have a physical or learning disability, blood borne virus, a long-term illness or be affected by mental ill-health or drug/alcohol addiction. The young person can have direct caring responsibilities or be affected by a caring role either physically or emotionally. Their caring role may also be prohibiting them from accessing the same opportunities as other young people their age.

If you are unsure whether the young person fits the criteria for being a young carer, please feel free to phone the YCP on 200422 and speak to someone in confidence.

About the caring role

Who do they help to care for? _____
What is the illness/disability of person they care for? _____
What are the main caring responsibilities for this young person?

Is the young person aware of this referral form & can they be contacted? Yes/ No
(If not, please make young person aware of this referral)

If they are **under 16**, has the parent/guardian consented to this referral? Yes/ No
Can their parent/guardian be contacted? Yes/ No

Parent/guardian name _____
Parent/guardian address (if different from above) _____
Postcode _____ Tel/mobile _____

Please give details of all others living at home (i.e. siblings, step parents etc)

Name	DOB	Relationship to young person being referred

Please give details of other agencies (if involved)

Agency/Service	Contact Name	Contact Number	Which family member(s) receives this service?

Please give details of why you have referred this young person to the Young Carers Project and what their main needs are:

House visit information:

Are there any known issues/risks relating to home visits? _____

Do the family own any pets? _____

Has referrer visited the home? _____

Referrer Information:

Name _____ Agency _____

Job Title _____ Date of referral _____

Tel. _____ Email _____

Address _____

Where did you hear of us? (Please tick box)

Agency

School/ Further Education

Leaflet

Training/Awareness raising session

Word of mouth

Website

Other, please specify _____

Please return this form to:

**Young Carers Project, Dundee Carers Centre, First Floor, Argyll House,
West Marketgait, Dundee, DD1 1QP**

*Personal information will be securely stored on our database and will not be shared with third parties without your permission.
This is in accordance with the 1998 Data Protection Act.*