

(Supporting 16-19 year olds carers)

DETAILS

Full Name

Name by which you are known

Address

Postcode

Telephone Mobile

Email D.O.B Age M F

School attending (if applicable)

Is the young person aware of this referral form & can they be contacted Yes No

N.B. Please make person aware of this referral

If under 18 has the parent/guardian consented to this referral

can they be contacted Yes No

Parent/guardian address (if different from above)

Postcode

Telephone

Are there any issues/needs relating to home visits?

Would you like to? (Tick box) Meet at centre Café Home visit

Your choice (Please state)

Please give details of other agencies (if involved)

Agency/Service	Contact Name	Contact Number

Please give details of any activities you are currently involved with:

What areas do you feel that may be of benefit?

Health/ Emotional Wellbeing Help with school/further education

Help in your caring role Preparing for Work/Training

Understanding of illness/disability Other

Referrer Information

Name of referrer

Job Title

Contact No.

Address

Agency

Date of referral

Monitoring

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

- Word of mouth Poster Leaflet Website Agency
 Housing School/ Further Education Other

Relationship, to cared for person? i.e. mother, sister

What is their illness/disability?

Carers Minority Ethnic Category

- People of Indian origin People of Bangladeshi origin
 People of Pakistani origin People of Bangladeshi origin
 People of African origin People of Chinese origin
 Gypsy/Traveller White
 Other

Office Use

Date of receipt/stamp



is a joint project of the Young Carers Project & PRT Dundee Carers Centre,

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