

Is there anything else you feel we should know?

**Confidentiality Statement**

Any young Carer wishing to divulge confidential information to the Young Carers Project may do so and will be assured that the Information will be kept confidential. However, if something a Young Carer says makes the project believe that the young person is at risk, the worker involved will have to pass this information on. The young person will be advised of this at the time and will be supported by the project from here. Information within this form may need to be shared with other agencies e.g. Social Worker, Education, Health, etc. We will always ask the relevant person's permission first before doing so

Signature of Young Carer.....date.....

Signature of Referrer.....date.....

Signature of Young Carers Parent/Guardian.....date.....

Office use only  
Date referral received.....

Date Initial visit made.....by.....

**Forms should be returned to**

**Young Carers Support Scheme  
Preston Carers Centre  
28 Church Street  
Preston PR1 3BQ**

**T: 01772 200173**

# Preston Young Carers Referral Form

**This referral must be made with the full knowledge of the Young Carer.  
Please complete and return the form to the address overleaf**

**Young Carer Details**

Name.....F / M

Address.....

.....Post Code.....

Home phone (01772).....Mobile.....

Age.....years      Date of birth.....

**School Details.....**

School phone.....

Does your school know about your caring role Yes / No  
Is there a person at school who gives you support now? Yes / No

If yes, what is their name.....

and their position.....e.g. teacher

**About who is making this referral**

Name ..... Job Title.....

Address.....

Referrer's phone.....

email.....



**A Young Carer** is a person under 18 years of age who is significantly affected by caring for a person with a long term illness or disability – including Mental Health issues and substance misuse



**About the person you provide care for?**

Their name is .....

They are my parent /sibling / grandparent / other (please explain) .....

I need to help and care for them because .....

.....  
.....

And I have been doing this for ..... (how long you have been a carer)

I help and support the person I care for with the following tasks/responsibilities

Dealing with money  housework  shopping  preparing meals  laundry

dressing  washing or bathing  using the toilet  getting in/out of bed

At night  with medicines/treatment  offering reassurance/support

Something else (give details)

Is there another adult at home? Yes / No

Do you have brothers and/or sisters? Yes / No

What are their names/ages?

Do they help too? Yes / No

Are they also caring Yes / No

Are there other organisations involved with your family such as Social Services, Community Psychiatric Nurse, Home Care, Meals, etc? If yes, please give details

**Who is your Doctor?** Dr.....

Surgery address .....

.....Post code.....

Doctor's phone .....

**How does your caring role affect your life?**

Your schooling? Social life? Emotional health?

**What help would you like?**