

**Referral to Kingston Carers’ Network – Young Adult Carers’ Project**

**Referrer Information**

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| --- | --- |
| Date of referral: | Name of referrer: |
| Relationship to person being referred: | Telephone Contact:Email Contact: |
| How do you know about the Young Adult Carers’ Project? |

***The person you are referring (and their parent/guardian if under 16) MUST be aware of this referral***

**Young Adult Carer Details**

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| --- | --- |
| Full name: | Date of birth: |
| Address: | Home telephone:Mobile telephone:Email: |
| Name of main guardian (if applicable): | Relationship to carer: |
| Address of main guardian, if different from carer’s address: | Main guardian’s:Home telephone:Mobile telephone:Email: |
| Carer’s School, College or University (if applicable): | Is the school, college or university aware of the caring situation? (Please tick) YES NO DON’T KNOW |
| School, College or University contact person (if applicable): | Contact telephone:Contact email: |
| **Ethnicity (please tick):** |
| **White** |  | **Mixed/Multiple Ethnic Groups**  |  |
| English/Welsh/Scottish/Northern Irish/British |  | White and Black Caribbean |  |
| Irish |  | White and Black African |  |
| Gypsy/Roma |  | White and Asian |  |
| Irish Traveller |  | Any other mixed/multiple ethnic background |  |
| Any other White background |  |  |  |
|  |  | **Asian/Asian British** |  |
| **Black/African/Caribbean/Black British** |  | Indian |  |
| African |  | Pakistani |  |
| Caribbean |  | Bangladeshi |  |
| Any other Black/African/Caribbean background |  | Chinese |  |
|  |  | Any other Asian background |  |
| **Other Ethnic Group** |  |  |  |
| Arab |  | Prefer not to say |  |
| Any other ethnic group |  |  |  |

**Cared For Details**

|  |  |
| --- | --- |
| Full name: | Date of birth: |
| Address (if different from carer’s address): | Relationship to carer: |
| Diagnosis / Nature of condition: | Nature of care provided by carer: |

**Additional Information – Young Adult Carer**

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| *Please provide details of any other relevant information about the person you’re referring (e.g. allergies, medication, health needs, access needs)* |

**Additional Information – Family Circumstances**

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| *Please provide details of any other relevant information about the family context of the person you’re referring (e.g. who else lives at home, other agencies involved currently or in the recent past)* |

***Please send this form to*** ***yac@kingstoncarers.org.uk*** ***or by post to Emma Bell at Kingston Carers’ Network, The Noble Centre, 109a Blagdon Road, New Malden, Surrey, KT3 4BD***