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

|  |  |
| --- | --- |
| 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?* |