



Carers in Hertfordshire The Red House, 119 Fore Street, Hertford SG14 1AX
Tel: 01992 586969 Fax: 01992 586959 email: young.carers@carersinherts.org.uk

Young Carers Project

Referral Form

We will be able to process your referral as soon as we receive this form.

- | | Yes | No |
|--|--------------------------|--------------------------|
| • Is the Young Carer aware of this referral? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the parent/guardian aware of this referral? | <input type="checkbox"/> | <input type="checkbox"/> |

You can refer young carers between the ages of 9-18 years

YOUNG CARER DETAILS

First Name

Middle Name

Surname

Gender (m/f) Date of Birth Age

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Name of Parent/Guardian

Current Home Address

Postcode Telephone Number

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Mobile Number

Email Address

Name of School Attended

School Contact Person

Religion

First Language

Ethnic Group (please tick)

- | | |
|---|---|
| <input type="checkbox"/> Asian/Asian British - Bangladeshi | <input type="checkbox"/> Mixed – White and Black Caribbean |
| <input type="checkbox"/> Asian/Asian British – Indian | <input type="checkbox"/> Mixed – any other mixed background |
| <input type="checkbox"/> Asian/Asian British – Pakistani | <input type="checkbox"/> Other ethnic groups – Chinese |
| <input type="checkbox"/> Asian/Asian British – any other Asian background | <input type="checkbox"/> White British |
| <input type="checkbox"/> Black/Black British – African | <input type="checkbox"/> White Irish |
| <input type="checkbox"/> Black/Black British – Caribbean | <input type="checkbox"/> White – any other White background |
| <input type="checkbox"/> Black/Black British – any other Black background | <input type="checkbox"/> Other <input style="width: 100px;" type="text"/> |
| <input type="checkbox"/> Mixed – White/Asian | <input type="checkbox"/> Not given/known |
| <input type="checkbox"/> Mixed – White/Black African | |

School Phone Number

GP's name:

Address/Telephone No:



Young Carers Project

DETAILS OF THE CARED FOR PERSON

First Name

Surname

Address (if different from young carer)

Relationship to Young Carer

Reason for Care (eg physical disability, illness, etc)

Please list some tasks undertaken in the caring role

Other members of the household

Date of Birth

Relationship

Other members of the household	Date of Birth	Relationship

Other Agencies known to be involved (please tick)

Health Visitor Adult Care Services

District Nurse GP

Children, Schools and Families Any voluntary organisation

School nurse Social worker

Contact name/number

Community Mental Health Team Connexions

How did you hear about the project?

Further information

I agree to my child being referred to the Young Carers Project

Signed Parent/Guardian Date



Young Carers Project

DETAILS OF THE REFERRER

First Name

Surname

Organisation

Telephone Number

Address

Email Address

Please use the space below to explain the caring role of the young person and any other information (Please use additional sheet if required)

Referring Agency: Please give details of any actions/services you have put in place for this young carer/family.

Referrer Please Note: If you are a social worker/professional who is continuing to work with this young carer/family, would you like to receive a copy of the trips and activities information/correspondence we send to them on a regular basis? (This can sometimes encourage the young carer to respond and engage with the Project)

Yes No

Carers in Hertfordshire is a
carer-led organisation and a
Registered Charity



The aims of *Carers in Hertfordshire* Young Carers Project are:

- Raise awareness, liaise and undertake joint work with all relevant agencies
- Develop early recognition and identification
- Ensure all young carers have access to information, advice and support
- Provide a voice for young carers about issues that affect their lives
- Provide free breaks and activities for young carers



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Registered Charity Number 1085491