**DETAILS OF YOUNG CARER**

|  |  |
| --- | --- |
| NAME | DATE OF BIRTH |
| ETHNICITY | GENDER |
| ADDRESS (including postcode) | CONTACT PHONE NUMBERS  HOME  MOBILE |
| GP SURGERY | DOES THE YOUNG CARER HAVE THEIR OWN SOCIAL WORKER? IF SO, WHO? |
| DOES THE YOUNG CARER HAVE ANY HEALTH ISSUES OR ADDITIONAL SUPPORT NEEDS? | IS THE YOUNG CARER CURRENTLY ON THE CHILD PROTECTION REGISTER? |
| SCHOOL ATTENDED | HAS A YOUNG CARER STATEMENT BEEN COMPLETED? |
| GUIDANCE/PASTAROL TEACHER | IS THE SCHOOL AWARE THAT THE YOUNG PERSON HAS A CARING ROLE? |
| HAS THE YOUNG CARER, TOGETHER WITH THEIR PARENT/GUARDIAN, GIVEN CONSENT FOR YOU TO PROVIDE THEIR DETAILS AND REFER THEM TO OUR ORGANISATION FOR POSSIBLE SERVICE INPUT? **YES [ ] NO [ ]** | |

**DETAILS OF WHO IS BEING CARED FOR**

|  |  |
| --- | --- |
| NAME | DATE OF BIRTH |
| ETHNICITY | GENDER |
| ADDRESS IF DIFFERENT | CONTACT NUMBER |
| GP SURGERY | RELATIONSHIP TO YOUNG CARER |
| ILLNESS/ DISABILITY OF CARED FOR | |

|  |
| --- |
| IS THE YOUNG CARER THE MAIN CARER? |
| WHO ELSE LIVES AT HOME? |
| WHAT DOES THE CARING ROLE INVOLVE? |
| HOW DOES THE CARING ROLE IMPACT THE YOUNG CARER? |
| DOES THE YOUNG CARER CURRENTLY RECEIVE ANY OTHER SERVICES FORM STATUTORY OR VOLUNTARY ORGANISATIONS? |
| DOES THE YOUNG CARER ATTEND ANY CLUBS OR GROUPS? |
| IS THERE ANY OTHER INFORMATION OR COMMENTS THAT MAY BE RELEVANT? |
| IS THERE ANY RISKS/SAFETY ISSUES WE SHOULD BE AWARE OF WHEN VISITING THE FAMILY HOME? |

**REFERRERS DETAILS**

|  |  |
| --- | --- |
| NAME | RELATIONSHIP TO YOUNG CARER |
| ADDRESS | CONTACT NUMBER & EMAIL |

**THANK YOU FOR COMPLETING THIS FORM.**

**PLEASE RETURN THIS FORM TO** [**enquiries@renfrewshirecarers.org.uk**](mailto:enquiries@renfrewshirecarers.org.uk) **or**

**Renfrewshire Carers Centre, Unit 55 Embroidery Mill, Abbey Mill Business Centre, Paisley, PA1 1TJ**