



# YOUNG CARERS REFERRAL FORM

## Details of Young Carer

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Mobile (if over 16): \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ 1<sup>st</sup> Language: \_\_\_\_\_

Doctor's Surgery: \_\_\_\_\_ School/College/Uni: \_\_\_\_\_

Level of Need:    CAF    CIN    CP    Relationship to cared-for: \_\_\_\_\_

## Details of cared-for

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Tel No: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ 1<sup>st</sup> Language: \_\_\_\_\_

## Details of Parent (if not cared-for)

Full Name: \_\_\_\_\_ Mr/Mrs/Ms

Tel No: \_\_\_\_\_

1<sup>st</sup> Language: \_\_\_\_\_ Signed: \_\_\_\_\_

## Details of Referrer

Full Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Tel No: \_\_\_\_\_ Email: \_\_\_\_\_

### Office Use ONLY

### DATE RECEIVED

Added on VIEWS

Added School

Added Tier

IYCS/YC/YAC assessment of need to be completed

## Additional Information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CANW, Blackburn with Darwen Young Carers Service,  
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