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**Young Adult Carer Self-Referral Form**

This form is for you to tell us some more information about yourself and your caring role. This information will help us to understand your needs and how we can best support you at Edinburgh Young Carers.

When we receive your referral, we will review the information you have provided. If your referral is considered appropriate for the 16+ service, you will be placed on a waiting list for an initial assessment. You will then be contacted when a space becomes available.

The 16+ service provides the opportunity for both respite and support to transition in to adulthood and adult services. If for any reason our service isn’t right for you, we will inform you of our decision and help you identify a suitable alternative that is more likely to meet your needs.

**Name: Preferred name:**

**Preferred pronoun (He/She/They):**

**Age:**

**Date of birth:**

**Address: Post code:**

**Contact number: Email:**

**Which ways can we contact you about your referral? Tick all that apply.**

**Telephone call  Letter  WhatsApp **

**Text message  Email  Through my school **

**Which best describes what you do:**

**School  Work part time  Full time carer **

**College  Work full time  Activity agreement **

**University  Volunteer  Unemployed **

**Other**:

**Do you currently have a Young Carers Statement or an Adult Carers Support plan in place?**

**If yes, when was this carried out?**

**About the person you care for**

**What is the name of the person you care for?**

**What is your relationship to this person?**

**Why does this person need your support?**

**Does the person you care for get any other support from another service (e.g. social work or another charity)? If yes, who?**

**How does your caring role affect you?** Please rate these statements from 1 to 5 (1= this doesn’t affect me - 5= this affects me a lot)

It stops me having free time……… I often feel tired or unwell………

I worry about money……… I don’t get time with my friends………

I often feel angry and upset……… I have problems at school/college………

My own mental health is affected……… I worry about my own mental health………

I am unable to work……… I worry about my wider family or siblings………

Ioften feel isolated………

**Please tell us more about what you hope to gain from being part of the 16+ service?**

Support to learn about my caring role 

Support to apply for higher education 

Support to gain employment (i.e employability skills) 

Support to find out about moving out of my family home 

Access to counselling 

Support to access respite (including out with EYC) 

Support to create a Young Carers Statement 

Support to get a carers assessment or adult carer support plan 

**Other:**

**How did you find out about Edinburgh Young Carers?**

**Your signature:**   **Today’s date:**