**Young Carer Statement Referral**

**Are you referring…** Someone you support professionally [ ]

 A family member [ ]

 Yourself (self-referral) [ ]

**Young Carer Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Date of Birth** |  |
| **Address** |  |
| **Postcode** |  | **Phone number** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Area of Edinburgh** | **NE** | **NW** | **SE** | **SW** |
| **School** |  |
| **Parent/Guardian Name** (optional if young carer is over 16) |  |
| **Parent/Guardian Phone Number** (optional if young carer is over 16) |  |

**Is the young carer and their family aware that a referral has been made for a YCS?**

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**Is the young carer and their family happy to be contacted directly by the young carer service? If so, how would they like to be contacted?**

(If under 16, a parent/guardian will be contacted to arrange meetings with the young carer)

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**Name and relationship of the person being cared for:**

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|  |

**Reason for caring/condition of cared-for person:**

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|  |

**Information about the Referrer**

|  |  |
| --- | --- |
| **Name** |  |
| **Organisation** |  |
| **Phone number** |  |
| **Email** |  |

**What is your capacity in supporting the young carer and/or their family?**

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|  |

**Is there any additional information we should know at this time?**

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|  |

**SIGNED (by the Referrer):**

**DATE:**

**Notes**

* This referral form should be completed after reading the Young Carer Statement Information Leaflet attached
* Please complete the form as fully as possible and return to:
	+ NE and SE localities – Edinburgh Young Carers: Info@youngcarers.org.uk
	+ NW locality – Capital Carers: ycinfo@nwcarers.org.uk
	+ SW locality – Space @ Broomhouse Hub: youngcarers@spacescot.org
* A member of the young carer service teams above will contact the referrer to make initial arrangements for delivery of the Young Carer Statement