



Connecting Young Carers

A better life for unpaid carers in Highland

Connecting Young Carers Referral Form

Email: youngcarers@connectingcarers.org.uk

Phone: 01463 723562/3

Thank you for making a referral. This form will give us a brief understanding of the caring situation. We will follow your referral up with a phone call, information pack or school visit (depending on what is most appropriate). Please feel free to call us if you have any questions whilst completing the referral.

You may not have all the information we ask for, so please complete as much of the form as possible.

Forms can be returned to:

youngcarers@connectingcarers.org.uk or

Connecting Young Carers, Glen Orrin House, High Street, Dingwall, IV15 9TF. Tel 01463 723562/3

Please confirm that the family and the referred young person are aware of this referral.

Yes / No

METHOD OF REFERRAL (please tick)

- Self-Referral
- Family Referral
- Professional (e.g Social Worker/CSW/YDO)
- Teacher/School Staff
- GP/ Health Care Professional
- Other (Please Specify)

Date of referral:

Young Carer's Name: DOB: Gender **M / F**

Young Carer's Address:

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Post Code: Ethnicity:

Home / Main Contact Tel No:

Parent / Guardian with Parental Responsibility

Name: Relationship to Young Carer:

Home Tel: Mobile:

Email:

School/College (If applicable): School Year:

Is the school aware of the caring role? **Yes / No / Unknown**

Is the young person registered on SEEMIS as a Young Carer? **Yes / No / Unknown**

Can Connecting Young Carers contact the school to discuss this young person? **Yes / No /**

If yes, who would be most appropriate to contact?

Is there a Child's Plan in place? **Yes / No / Unknown**

If yes, who is the lead on this? Name:

Job Role & Agency:

About the Caring Role

Name of person cared for: Their Date of Birth:

What is the relationship of the Young Carer to the person they care for? (eg: Mum, Dad, Brother, Sister...):

What is the condition/s of the person being cared for?:
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Please briefly describe the caring role, what kind of tasks does the young person do? How is the young person affected?
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If known how long has young person been caring for?
Hours of caring? (approx.)

Any other information that you believe is relevant?

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REFERRING AGENCY (if applicable)

Name:

Job Role/Title/ Relationship to Young Carer:

Referring Agency (if applicable)

Contact No.

E-mail:

Connecting Carers

Glen Orrin House • High Street • Dingwall • IV15 9TF T: 01463 723560 • E: carers@connectingcarers.org.uk

for more information visit www.connectingcarers.org.uk

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