

New Referral Contact Form

1.1 Young Carers' Personal Details:

Surname

Forename

Home Address

Postcode

Council District

Tel No.

Mobile No.

e-Mail

Date of Birth

Sex Male Female Age

Ethnicity

- | | | | |
|------------------------------------|--------------------------|--------------------------------------|--------------------------|
| White – British | <input type="checkbox"/> | White – Irish | <input type="checkbox"/> |
| White – Any Other | <input type="checkbox"/> | Mixed – White & Black Caribbean | <input type="checkbox"/> |
| Mixed – White & Black African | <input type="checkbox"/> | Mixed – White & Asian Indian | <input type="checkbox"/> |
| Mixed – Other | <input type="checkbox"/> | Asian Or Asian British – Indian | <input type="checkbox"/> |
| Asian or Asian British – Pakistani | <input type="checkbox"/> | Asian or Asian British – Bangladeshi | <input type="checkbox"/> |
| Asian or Asian British – Other | <input type="checkbox"/> | Black or Black British – Caribbean | <input type="checkbox"/> |
| Black or Black British – African | <input type="checkbox"/> | Black or Black British – Other | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> | Polish | <input type="checkbox"/> |
| Portuguese | <input type="checkbox"/> | | |

1.2 Family Details:

Number in Family

1.3 Cared For Details:

INFORMATION REQUIRED FOR EACH CARED FOR: NAME; RELATIONSHIP TO YOUNG CARER; DATE OF BIRTH AND DISABILITY/ILLNESS/CONDITION.

Notes, Please Continue overleaf if more space is required

Caring start Date

2.0 Is this a self referral from the family/home?

If YES jump to section 3.0 If NO and are a third party, please complete section 2.1
Young Carers Staff need not complete 2.1; ensure 4.0 complete instead.

2.1 Referrers' details:

Name

Job title

Organisation

Address

Postcode

Tel No.

e-mail

ALL REFERRERS PLEASE ENSURE THAT ALL SECTIONS ARE COMPLETED FULLY AND ACCURATELY; ANY MISSING OR INCORRECT INFORMATION WILL DELAY THIS REFERRAL.

2.2 Do we have permission to contact the family?

YES NO:
Please gain permission for us to contact them.

Small print:

The Young Carers Project will not share any of your personal information with any other organisation/s other than those you have given us permission to, or if we have concern for the safety of yourself or others. At all times, if we intend to share any information about you with another organisation we will make you fully aware of our intentions before hand. By signing this form you give consent for your personal details to be recorded and stored electronically on the Young Carers' database.

Name

Date

4.0 Office Use Only.

Initial Contact History

<p>DATE RECEIVED STAMP</p>	Form correctly completed <input type="checkbox"/>
	Added to Database & create Diary Action <input type="checkbox"/>

Date	Contact Type	Staff Initials	Outcome	Actions

CONFIDENTIAL INFORMATION

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Comments & Notes

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