



# Kent Young Carers Referral Form

<b>Office Use</b>	Date Received	HV / WP
On database	Date	Initial

Name of Young Carer:		
DOB:	Age:	Sex: Male / Female
Address:		
Postcode:		
Home Telephone Number:		
Person(s) with Parental Responsibility:		
Contact Details of person with parental responsibility: Mobile Tel No: Email:		
Family construction (name all persons in household):		
Full Name	Date of Birth	Relationship to referred
Details of Person{s} in household being cared for:		
Name	Nature of illness, disability, mental health, substance misuse	Aware of referral: Yes/No
Main language spoken at home?		
School:		
Employment of Young Carer (if applicable):		

ALL PERSONAL DATA THAT YOU SUPPLY IS HELD IN STRICT ACCORDANCE WITH THE DATA PROTECTION ACT (1998)

Kent Young Carers is a service of Voluntary Action Within Kent Registered charity number 1108388  
In partnership with Carers FIRST in Kent & Medway





**Is the young person subject to a Child Protection Plan, Child In Need Plan or Common Assessment (CAF/TAF)? If yes please circle which one.**

If Yes, please give name and contact details of his/her Social Worker or Lead Professional:

Name:

Address:

Telephone Number:

Email address:

**Do any of the concerns listed below affect the Carer:**

Limited Outside Interests	Diminished Self Care (physical / emotional wellbeing)
Bullying	Alcohol/Drug Misuse
Social Isolation	Sudden change in circumstance (please outline)
Impact on school attendance	Impact on educational attainment
Limited support networks	Low Confidence & Self Esteem

Other (please state)

How would the Young Carer benefit from our support?

What does the child/young person feel they need?

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What are the feelings of the person whom the child/young person is caring for with regard to this referral?

Are there any **support needs** we will need to be aware of (e.g. Issues, special needs, diet, health, medication etc.)?

Does anyone in the home show dangerous behaviour/known to be aggressive or violent?

**No**            **Yes**

If **Yes** please give details:

Are there any safety issues within the home that we need to be aware of should the staff team be carrying out a home visit (e.g. Dogs, remote location etc.)?

**Details of referrer**

Full Name:

Position held/relationship to the young person:

Agency:

Telephone:

Email:

Address:

Has verbal consent be sought from person with parental responsibility for the team to make direct contact: Yes / No

**NB** We will not be able to offer a full service to young carers without parental consent.

**Date:**

Will you or your agency still be working alongside the young person/family? **Yes / No**  
Please give details:

How did you hear about the service?

**NOTE: Please complete in full as missing information may delay the processing of the referral. Thank you**

Return completed referral form to: [info@kentyoungcarers.org.uk](mailto:info@kentyoungcarers.org.uk)  
or post to: KYC, 17-19 Monson Road, Tunbridge Wells, Kent, TN1 1LS

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