



VSU & 121 Young Carers Project
 C/o North West Kent College
 Oakfield Lane
 Dartford
 Kent DA1 2JT
 Tel: 01322 294524
 Registered Charity No. 1108388



121 Young Carers Referral Form

Full name of Young Carer: _____

Address: _____

Home tel. Number: _____ Mobile No.: _____ D.O.B.: _____

Male or Female Ethnic Origin: _____

Person(s) with parental responsibility: _____

Is the Young Carer aware of the referral? _____

Is the parent/guardian aware of the referral? _____

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	D.O.B	Relationship to carer	Nature of Illness	Aware of Referral Y/N

School: _____

Name and address of GP: _____

Tel No of GP's surgery: _____

Please send the completed referral form to the address on the top of the first page.
 Thank you.

Does the Carer or Family receive any other Support Services? Y/N If yes please give further information. If No, please give information why.

Further Information: If your answer to any of the following is Yes please supply further information on a continuation sheet.

Is anyone in the household known to be aggressive or violent? Yes No

Does the young person exhibit any dangerous behaviours? Yes NO

Are there any dangerous weapons in the household?
i.e. guns, swords, martial arts discs etc. Yes NO

Do any of issues listed below affect the Carer or any other person in the household? If yes please give further information on a continuation sheet.

Eating Disorder	Y/N	Low Self Esteem	Y/N
Depression	Y/N	Poor self care	Y/N
Emotional Isolation	Y/N	ADD/ADHD	Y/N
Social Isolation	Y/N	Family Breakdown	Y/N
Autism/Aspergers	Y/N	Bereavement	Y/N
Disability	Y/N	Learning Difficulty	Y/N
Other	Y/N	Alcohol/Drug Misuse	Y/N
		Bullying	Y/N

How is the Young Carer affected by their caring role? How would they benefit from our support?

Details of referrer

Full name:

Position held/relationship to young person:

Agency:

Telephone number:

Address:

Email:

Line managers name:

Position held:

Signed

(Referrer)

Signed

(Person with parental responsibility)

Date:

Is the case being closed or will Social Services still be working alongside: YES/NO

Please note if this form is not filled out with all the relevant information it will delay our processing of the referral. Please give as much information as is relevant and possible to assist our efficient processing of this referral.

Please send the completed referral form to the address on the top of the first page.
Thank you.

Young Person Monitoring Form

Ethnicity

<u>White</u>	<u>Asian, Asian British, Asian English, Asian Scottish or Asian Welsh</u>	<u>Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh or other ethnic group</u>
British English <input type="checkbox"/>		
	Scottish <input type="checkbox"/>	
	Welsh <input type="checkbox"/>	
Other <input type="checkbox"/>	Indian <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Any other background <input type="checkbox"/>
Other White background <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Please state.....
Please state.....	Other Asian background <input type="checkbox"/>	
	Please state.....	
<u>Mixed</u>		
White & Black Caribbean <input type="checkbox"/>	<u>Black, Black British, Black English, Black Scottish or Black Welsh</u>	
White & Black African <input type="checkbox"/>		
White & Asian <input type="checkbox"/>		
Other mixed background <input type="checkbox"/>	Caribbean <input type="checkbox"/>	
Please state.....	African <input type="checkbox"/>	
	Other black background <input type="checkbox"/>	
	Please state.....	

Thank you

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Thank you.