**Release Young Carers Referral Form**

|  |  |  |
| --- | --- | --- |
| Is the Young Carer aware of this referral? |  Yes  | No  |
| Is the parents/guardian aware of this referral?  | Yes  | No  |

**Young Carers Details**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Last Name |  |
| Date of Birth |  | Age |  |
| Male/Female |  | Ethnicity |  |

**Parents Details**

|  |  |
| --- | --- |
| Name of parents/ Guardian |  |
| Address |  |
| Postcode |  |
| Email Address |  |
| Mobile Number |  |

**School Details**

|  |  |
| --- | --- |
| Name of School  |  |
| School Contact Person |  |
| School Contact number/Email  |  |

**Details of Caring Role**

|  |  |
| --- | --- |
| Person Cared For |  |
| Please describe the cared for persons condition/illness/disability |  |
| Please list some tasks undertaken by the Young Carer |  |

**Details of Referrer**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Last Name |  |
| Organisation |  | Telephone Number  |  |
| Email:  |  |

|  |
| --- |
| Please give details of any support you have already put in place for the young carer/ their family. |
|  |

|  |
| --- |
| What type of support do you feel the young carer/ their family would benefit from?  |
|  |

**I, confirm that the parent/ guardian of the young carer named has given consent to be contacted by YMCA Sutton Coldfield.**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please send referrals back to: Release Team, YMCA Sutton Coldfield, George Williams House, Watson Close, Sutton Coldfield, B72 1LE**