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|  | (YAC) Young Adult Carer Application/Referral Form |

# Personal Information

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| First name: |  |
| Surname: |  |
| Date of birth: |  |
| Gender:  |  |
| Address:  |  |
| Postcode:  |  |
| Mobile No:  |  |
| Home Tel. No (if applicable): |  |
| Email address: |  |
| 🞎 Yes, I would like to be kept up to date with information, updates and events from Forward Carers and its partner YMCA Sutton Coldfield | 🞎 No, I would not like to receive marketing updates from Forward Carers and its partner YMCA Sutton Coldfield |

# Carer Information

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| Do you live with the person you are caring for? | Yes 🞎 No 🞎 |
| What support do you think you may need from us?  | Please tick all that apply. |
| Information and advice 🞎Carers back up service (CERS) 🞎Wellbeing and mindfulness services 🞎Welfare and benefits check 🞎Carers assessment 🞎Training and courses for carers 🞎Carer groups 🞎Carers card 🞎Befriending and sitting services 🞎Support with further education 🞎Support with careers and work 🞎 |  |
| Name of person you are caring for:  |  |
| Their DOB: |  |
| Caring start date:  |  |
| Primary reason for caring role: |  |

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| How many hours of care do you provide each week?  | 0-9 hrs 🞎 10-49 hrs 🞎 50+ hrs 🞎 |
| Please briefly describe your carer responsibilities:  |  |
| Is your caring role challenging? | Yes 🞎 No 🞎 |
| Is there anything else you’d like to tell us about your caring role? |  |

# Medical & Emergency Information

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| Name of GP: |  |
| GPs surgery address:  |  |
| GPs telephone number:  |  |
| Do you have a disability / learning disability? | Yes 🞎 No 🞎 |
| Medical conditions / allergies: |  |
| Medication: |  |
| Emergency Contact Name:  |  |
| Relationship to you: |  |
| Emergency Contact Number: |  |

# Consent

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| We need your consent to collect special category data e.g. medical, health and personal care information & ethnicity.  |
| 🞎 I confirm that I am over the age of 13 and I consent to my personal and special category data being collected and processed by Forward Carers (who operate Birmingham Carers Hub) and its partner YMCA Sutton Coldfield for the fulfillment of their services. I understand I can withdraw my consent at any time. |
| For more information and to view our privacy policy in full, please visit <https://forwardcarers.org.uk/privacy-policy/> and ymcasc.org.uk/privacy policy |
| Young person Signed:  |   |
| Date: If under 18  | **Parental consent required/guardian/Professional sign** |