

CSM -Merton Young Carers Project
Referral Form
(Please print details in block capitals)

Date:	Name & Address of Referrer:	Agency/Team:
Telephone No:	Email:	
Name/s of YC:	D.O.B.:	AGE:
Parent/s name:		
Address:		Post Code:
		Tel.:
Ethnicity:	Cultural-Religious factors:	
School:	Year:	
Attendance issue: Y / N Give Details: Educational difficulties?:		
Does the YC have any behavioural difficulties we need to be aware of?		
Does the YC have a disability? Y/N Does the YC have Special Educational Needs? Y/N Please give details		
Reasons for Referral:		
Level of care provided by young carer:		
Has a Risk Assessment been undertaken? No/Yes (What was the outcome?)		
Family Structure/Who lives in the household		
Person cared for:	Age:	Condition:
If under 25, name of School/College:		

Has the YC had a Children in Need Assessment? Yes/No What was the outcome?	Has the YC had a Carers Assessment? Yes/No	Is the YC on the Child Protection Register? Yes/No. (If Yes, please give date, category and attach details).
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<u>Professionals involved</u>	<u>Name</u>	<u>Contact number</u>

Please complete if you have referred for services to other agencies. If so please give details.

Any further information:

Is the family aware of this referral?
 Did you discuss this referral with them? Y/N When?
 Is the potential young carer in agreement with this referral?

Name of Referrer:	Job Title:
Signature:	
Date:	

Please return this form to: Merton Young Carers Project, 1st Floor, Unit 2, 24 Deer Park Road, London, SW19 3UA. Tel. 020 8543 0347. Fax 020 8542 6874.