



Referral Information Form

Young person's name

Address:

Date of Birth

Female Male (please
circle)

Ethnicity

First Language

Postcode:

Tel No:

Is this their permanent home address? If not please give details

Mobile:

E mail:

School:

Please give the name and role of the person to contact about this young person at school:

Tel No:

E mail :

Name of young person's primary Parent or Guardian:

Name:

Address (if different from above):

Postcode:

Email:

Tel no:

Mobile:

Who does the child or young person care for?

(1) Name:

Relationship to young person:

Their address:

(2) Name:

Relationship to young person:

Their address:

Others living in the same household eg parent, grandparents, siblings, partners

Name	Relationship to young person

What caring role does the young person undertake? (please tick)

Cooking		Shopping		Personal Care & Hygiene	
Takes high level of responsibility for parent's mental/emotional welfare		Looking after other children in the family		Takes high level of responsibility for siblings mental/emotional welfare	
Laundry		Giving medication		Paying bills	
Cleaning					

Other – please describe

How often does the young person undertake these tasks?

Please circle everyday once a week occasionally

Is the young person the only person who provides care? Yes/No

If No who else provides care?

What benefits do you think this young person will gain from the support of Fife Young Carers?

What are the current relevant family circumstances? (Please include information we would need to know prior to a home visit)

What other organisations / agencies are involved in helping the family?

Name	Position	Agency/organisation	Contact number
	GP		

Do you the parent or the young person, if aged over 12, agree to us contacting any or all of these agencies for further information if required? Yes/ No

Do you also agree to Fife Young Carers notifying the school about the young person's caring responsibility?

Yes/No

Signed (Parent/Young person)

Print Name

Date

Referrer's details

Name of Referrer: Agency/Service/Self Referral.

Address:

Postcode

Tel No/Mobile:

E mail :

Are the family aware of this referral? Yes/no

Did they consent to the referral? Yes/no

Is the young carer aware of the referral? Yes/no

Did they consent to the referral? Yes/no

Referrer's Signature:

Date:

Print Name:

Please ensure that whenever possible the relevant family members have read and agree with the information on this referral form. Fife Young Carers will share the information on this form with the young person and their family as appropriate when responding to the referral. Please contact us direct if you have any difficulties with this process.

For Office Use Only

Date received

Logged on database by

Manager's comments