



In Conjunction With



## Young Carers Referral Form

- Young carers are children and young people, under the age of 18yrs, who have a substantive caring role for a member of their family.
- Children and young people whose health, education or general development could possibly be affected due to caring responsibilities.

<b>Childs Name</b>	<b>Date of Birth</b> <b>Child's Age</b>
<b>Home Address</b>	<b>Male</b> <b>Female</b>
<b>E-Mail Address ;</b>	
<b>Home Telephone Number</b>	<b>Mobile No.</b>
<b>Young Persons Ethnicity</b> (Please tick)  <u>White</u> (European) <u>Chinese</u> <u>Irish Traveller</u> <u>Indian</u> <u>Pakistani</u> <u>Bangladeshi</u> <u>Black African</u> <u>Caribbean</u> <u>Black Other</u> <u>Other</u> (please state)	<b>Young Persons Religion;</b> (Please Tick):  <u>Roman Catholic</u> <u>Protestant</u> <u>Other</u>
<b>Name of Next of Kin</b> (Address & Telephone number if different from above)	<b>Mother's Name</b> (Address & Telephone number if different from above)
<b>Name &amp; Age of other Children Living in the Home</b>  1.  2.  3.  4.  5.  6.	<b>Father's Name</b> (Address & Telephone number if different from above)

<b>How Long Has the Young Carer Been Caring?</b> (Please State ;	<b>Young Carers Relationship To Cared Person</b> (Please state
<b>Does The Cared for Person Live in the Same Home?</b> (Please tick  <b>Yes</b> <b>No</b>	<b>Age of The Cared for Person?</b>
<b>Name of Illness / Disability</b>	<b>Has the cared for Person had there needs formally Assessed</b> (Please Tick <b>Yes</b> <b>No</b>
<b>At Present what Care Services, if any, are in place?</b> (Please List;	
<b>Reason for Referral?</b>	<b>Has the referral been discussed with the Young Carer and/or with there Parent/Guardian?</b> (Please Tick <b>Yes</b> <b>No</b>
<b>Name of Referrer?</b>	
<b>Title.</b>	
<b>Date of Referral</b>	

All information will be treated as confidential, Funders may request details of beneficiaries if you do not wish your child's details disclosed to Funders **Please Circle**                      Yes      No

We take photographs of our activities, for the young carers to have a record of what they have participated. Occasionally we use them to highlight young carers issues and to promote the project .

If you do not wish your child's photograph to be used for this **Please Circle**                      Yes      No

**Please Return Completed Form To;**

Ms. Maureen Connelly  
Roscommon Leader Partnership Office  
Unit 12 Tower B  
West Business Park  
Golf Links Road  
Roscommon Town  
Co. Roscommon

Work No. 090-66-30252  
Mobile    085- 8020901.