**Referral Form**

**About the young carer**

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| Name: | Date of Birth: |
| Address:Postcode: | Home Phone Number:Mobile Number:Email: |
| School: | School Year: |
| School Contact |
| Any Medical Problems: | Any Allergies: |
| Who is in my family? |
| Name of Person being cared for: |
| Relationship to person being cared for: |
| Illness/disability of person being cared for: |
| Is young carer the Primary or Main carer? |
| If no, who is the primary carer? |
| Parent’s Name: |
| Who else is helping? eg. school, doctor, social worker? |

Please tell us a bit about the young person you are referring. It would help us to know how their caring situation affects them and what help you think they need.

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**Anything else you would like to tell us?**

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| **Name of Referrer**  |
| Name: | Relationship to the young carer: |
| Address: | Tel Number:Email: |
| Date completed: | How did you hear about ELYC? |

Please return this form to:

East Lothian Young Carers

Unit One

Cheviot House

Mill Wynd

Haddington EH41 4EX or email us at referrals@eastlothianyoungcarers.org