



- Please complete one form per Young Person

Name of referrer:			
Relationship to young carer:			
Name of Young Carer		Date of birth	
Name of School/College		Age	
Address and Post Code (Young Carer)		Gender Identity	
Has the young carer got any additional needs? If so please state:			
What support do they require?			
Mobile Contact for Young Person (if applicable)			

Name of Parents / Guardian / Other

Name		Relationship	
Address and Post Code			
Contact Telephone Number			
Contact Email Address (required)			
Name		Relationship	
Address and Post Code			
Contact Telephone Number			
Contact Email Address (required)			

Name of person being cared for?		Date of birth	
What is their illness/disability?			
Reason for Referral?			
Who else is working with family?	(e.g. Housing, Recovery Hub, Adult Mental Health, School, Early Help and Prevention)		

Name of referrer: _____ Date: _____

Relationship to young carer: _____ Role: _____

Email: _____ Telephone no: _____

Further information related to being a Young Carer.

- This section needs to show the views of the Young Person, they should complete this with support from a parent or professional.

Name of Young Carer	
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Who else helps with caring responsibilities?

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* The person you care for will be referred to as your relative.

How does being a Young Carer affect the following things in your life?

Family relationships and friendships.	
Having hobbies and going to clubs.	
Having free time.	
School/college/work <i>(Homework, achieving, attendance)</i>	

Does being a Young Carer ever make you:

Worried? Stressed? Anxious? Never Sometimes Often

Affect your sleep? Never Sometimes Often

Affect your diet and fitness? Never Sometimes Often

Affect your physical health? Never Sometimes Often

Do you often get ill? Never Sometimes Often

Do you help your relative with personal care? (Please select yes if applicable or leave blank)

Bathing: yes / Toileting: yes / Medication: yes / Lifting: yes

I would like to know more about my relative's condition / needs? (Young carer)

I give permission to share that I am a young carer with my school/college. (Young carer)

I give permission to share with other agencies and professionals to support my child. (Parent/guardian)

I give permission for key information to be stored on the secure database that PYCS use. (Parent/guardian)

Signature of Young Carer (12+): _____ Date: _____

Signature of Parent/guardian: _____ Date: _____

PLEASE RETURN TO:

Young Carers Business Support Officer, Somerstown Family Hub, Omega Street, Southsea, PO5 4LP.

Telephone: 023 92688499 Email: youngcarers@portsmouthcc.gov.uk

The information provided on this form will be used for the purposes of keeping young people safe whilst accessing this service, monitoring use of the service, and supporting decision making about resources allocation. This information will not be shared outside of the service management team unless there is a concern for the safeguarding and wellbeing of a young person, or when the law requires. Information will be kept until the young person turns 25 years of age. You have the right to make a request for any personal information the Council holds about you. Requests must be made in writing to: Data Protection Officer, Portsmouth City Council, Civic Offices, Portsmouth, PO1 2AL. Further information about the council's data protection policy can be found on the council website - www.portsmouth.gov.uk/ext/the-council/data-protection-privacy-notice