



ASTOLAT
CONIERS WAY
SURREY
GU4 7HL

SYC/October 2015

APPLICATION FOR
YOUNG CARERS
SERVICE

ID Number

(Office use only)

Application Date:

SYC@ACTIONFORCARERS.ORG.UK
WWW.SURREY-YOUNGCARERS.ORG.UK
WWW.ACTIONFORCARERS.ORG.UK

Items marked with an asterisk* must be completed to enable us process this application.

HAVE YOU GAINED CONSENT TO MAKE THIS APPLICATION FROM THE PARENT/GUARDIAN & YOUNG PERSON? (Please tick to confirm permission given - Applications cannot be processed without this consent)

IF THERE IS A DIAGNOSIS OF ILLNESS/DISABILITY FOR THE CARED FOR PERSON PLEASE GIVE DETAILS BELOW

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PERSON MAKING THE APPLICATION: (Professional or Parent/Guardian)

JOB TITLE*: (Professionals)		ORGANISATION*:	
FIRST NAME*:		LAST NAME*	
RELATIONSHIP TO CARER:			
ADDRESS (Referrer)*:			
TOWN*:		POSTCODE*:	
EMAIL ADDRESS*:			
PHONE NUMBER/S*:			

YOUNG PERSON'S DETAILS: Please complete one application form per young carer

FIRST NAME*:		LAST NAME*	
MALE OR FEMALE*: (please tick)	M: <input type="checkbox"/>	F: <input type="checkbox"/>	D.O.B*:
RELIGION:		ETHNICITY*:	
ADDRESS* (Young carer):			
TOWN*:		POSTCODE*:	
YOUNG CARER EMAIL ADDRESS*:			
YOUNG CARER PHONE NUMBER/S*:			
NAME OF SCHOOL/COLLEGE:			
SCHOOL /COLLEGE CONTACT:			
IS THE SCHOOL/COLLEGE AWARE OF REFERRAL?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>

FAMILY COMPOSITION

Name	Relationship to Young Carer	Occupation or school

PLEASE STATE ANY OTHER ADDRESS AND ITS RELEVANCE:

IF THE YOUNG PERSON HAS THEIR OWN DISABILITY/ILLNESS OR BEHAVIOURAL ISSUES PLEASE STATE THEM BELOW:

ON AVERAGE HOW MANY HOURS PER WEEK IS THE YOUNG PERSON PROVIDING CARE*:

Less than 10hrs 10-20 hours 20-30 hours 30-40 hour 50+ hours

WHAT TYPES OF CARE ARE BEING PROVIDED?*: (Tick all that apply)

Personal Practical Physical Parenting Sibling Emotional

WHAT DO YOU FEEL THE EMOTIONAL IMPACT OF THE CARING ROLE HAS ON THE YOUNG PERSON?*: (Please tick relevant shaded box)

COPING WELL		MANAGING	NOT COPING	
1	2	3	4	5

IS THE YOUNG PERSON A SOLE CARER?*: (Meaning are they the only person responsible for providing care?)

YES NO

IS THE YOUNG PERSON IN FULL TIME EDUCATION OR TRAINING?*:

YES NO

ARE THEY CARING FOR A PERSON WITH A TERMINAL ILLNESS?*:

YES NO

DOES THE YOUNG PERSON HAVE A MULTIPLE CARING ROLE?*: (eg. provides care for both parents)

YES NO

PLEASE INFORM US OF ANY PROFESSIONALS WHO ARE CURRENTLY INVOLVED WITH THE YOUNG PERSON OR FAMILY, AND IF THEY ARE SUBJECT TO ANY PLANS, e.g. EARLY HELP, PLUS ANY SUPPORT CURRENTLY BEING RECEIVED BY THE FAMILY:

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HAVE THEY RECEIVED A CARER'S ASSESSMENT IN THEIR OWN RIGHT? YES NO

PARENT/GUARDIAN'S DETAILS:

PARENT/GUARDIAN'S NAMES*:	
PHONE NUMBER/S*:	
EMAIL:	

Has parent/guardian given permission for us to hold this information? * YES NO

and to contact them and/or their child by email? * YES NO

CARED FOR DETAILS:

Full Name and Relationship to Young Person	Details of Disability/Illness	D.O.B.	Address if Different

Has the cared for given their consent for Action for Carers for hold this information about them? * YES NO

(For a child who is the 'cared for' consent may be given by the parent/guardian)

IS THERE ANY PERCEIVED RISK OF VIOLENCE OR OTHER MATTERS WHICH COULD PLACE THOSE MAKING CONTACT WITH THE FAMILY IN DANGER (such as a person of violent nature)?

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ARE THERE ANY PETS IN THE HOUSE? (Please give details)

ANY OTHER INFORMATION/COMMENTS TO SUPPORT THE APPLICATION:

HOW DID YOU BECOME AWARE OF SURREY YOUNG CARERS?

PLEASE EMAIL THIS FORM TO: SYC@actionforcarers.org.uk or by post to: Action for Carers Surrey, Surrey Young Carers, Astolat, Coniers Way, Burpham, Guildford, GU4 7HL.

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