

**BOX 1. REFERRAL TO CARERS LEWISHAM FOR YOUNG ADULT CARERS (16 – 25 YEARS OLD)**

Name of Referrer: (If this is a self-referral please write your name here and the date on the right and then move down to BOX 2)

Date of referral:

Organisation/Agency/College/Sixth form/University/Other:

Address:

Tel:

Email:

**BOX 2: YOUNG ADULT CARER(S) DETAILS**

Full Name	D.O.B	Gender	Ethnicity	Sixth form/College/Uni if applicable	Diagnosed Disability or SEN? If yes, which condition(s)?
1.					
2.					

Family Address:

Email Address (Please write down whose email this is):

Mobile:

Please describe your (the Young Adult Carer's) caring responsibilities: i.e. type of caring role and how this impacts your life?

What support do you think you (the Young Adult Carer) will benefit from?:

**BOX 3: HOME AND FAMILY STRUCTURE - Please list everyone else living in the Young Adult Carer's home**

Name of Parent(s)/ Guardian, Siblings and other family members	Parental responsibility (Y/N)	Relationship to Young Adult Carer(s)	Age	Telephone number (if different from above)	Person's 1st language	Interpreter required (Y/N)
1.						
2.						
3.						
4.						
5.						

**BOX 4: CARED FOR DETAILS - Information about the person being cared for by the Young Adult Carer(s)**  
*Please note: we will NOT contact the cared for person without your permission*

Name:	Date of Birth:
Relationship to Young Carer: (i.e., mother, sibling...)	
Address (if different from above):	
Main disability/illness (Please check all that apply): Physical Disability <input type="checkbox"/> Learning Disability <input type="checkbox"/> Substance Misuse <input type="checkbox"/> Mental Health <input type="checkbox"/> Autism <input type="checkbox"/>	
Is this person taking prescribed medication? Yes <input type="checkbox"/> No <input type="checkbox"/>	
How does the disability/illness affect them and/or their daily activities? Please provide details:	

**BOX 5: ANY OTHER PROFESSIONALS/AGENCIES INVOLVED (STATUTORY OR VOLUNTARY)**

Name of Agency:	Named contact person or worker:
1.	
2.	
Name of GP Practice:	

**GDPR: GENERAL DATA PROTECTION REGULATION 2018 (CONSENTS & SIGNATURES)**

**NOTE: We can't accept any referral forms that are incomplete and/or missing the information & signature below.**

IF YOU'RE A YOUNG CARER AGE 16-25, PLEASE FILL OUT THIS SECTION		Yes	No
I agree that Carers Lewisham staff and volunteers can process my data to enable appropriate support for me and the person I care for.			
I give my permission for my personal details to be shared with other partners involved in the service delivery in accordance with the new General Data Protection Regulation (GDPR)			
I confirm that all of the information that I have given is the truth to the best of my knowledge			
I understand I can withdraw my consent at any time by calling 020 8699 8686 or contacting <a href="mailto:info@carerslewisham.org.uk">info@carerslewisham.org.uk</a>			
I confirm that I am happy to be contacted by: Mobile phone <input type="checkbox"/> Landline <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/>			
<b>Date:</b>	<b>Signature:</b>		

**Please continue to the next page of this form and complete the Young Adult Carer Questionnaire.**

**PLEASE SEND THE COMPLETED REFERRAL FORM (all 3 pages) TO:**  
Carers Lewisham, Attn: Young Adult Carers Programme, Waldram Place, Forest Hill SE23 2LB  
Or EMAIL: [info@carerslewisham.org.uk](mailto:info@carerslewisham.org.uk) ANY QUESTIONS, CALL: 020 8699 8686

**BOX 6: YOUNG ADULT CARERS QUESTIONNAIRE**

Please have the Young Adult Carer complete the Questionnaire themselves so that all the answers are truly reflective of their own experiences and feelings. This will help us gain a better understanding of how much caring, the types of tasks and how this impacts their college/uni/sixth form work.

If more than one young person is being referred on this form, please have each one fill out a separate Questionnaire.

**YOUNG CARER QUESTIONNAIRE** *THIS FORM NEEDS TO BE FILLED OUT BY THE YOUNG ADULT CARER*

NAME \_\_\_\_\_ DATE \_\_\_\_\_

Below are some jobs that young adult carers do to help. Think about the help you have provided over the last month. Please put a tick in the box to show how often you have done each of the jobs in the last month.

	<b>THE CARING JOBS I DO*</b>	Never	Some of the time	A lot of the time
1	Take responsibility for shopping for food for the family *			
2	Make main meals for the family*			
3	Wash or iron clothes for other people you live with*			
4	Help with financial matters such as dealing with bills, banking, collecting benefits*			
5	Help with paperwork e.g. writing letters for someone, filling in forms*			
6	Interpret, sign or use another communication system for the person you care for*			
7	Interpret for someone you live with because English is not their first language*			
8	Go to the doctor or hospital with the person you care for*			
9	Help the person you care for to dress or undress*			
10	Help the person you care for to have a wash, bath or shower*			
11	Help the person you care for to walk, get up the stairs, get into and out of bed*			
12	Help the person you care for use the toilet*			
14	Making appointments/being main point of contact for the cared for person's GP.			
15	Help the person you care for with their medication e.g. making sure he/she takes their pills, giving injections, changing dressings*			
16	Take brothers or sisters to school*			
17	Look after brothers or sisters on your own*			
	<b>HOW CARING AFFECTS ME*</b>			
18	Because of caring, I've missed sleep (e.g. have to get up in the night or stay up late) taking care of someone at night*			
19	Because of caring duties at home, I've been absent or late for work or classes			
20	Because of caring duties at home, I've missed out on work and events at school			
21	Because of caring duties at home, I don't have time to hang out with my friends			
22	Because of caring I don't have enough time to take care of my own needs			
23	Because of caring I have to do things that make me upset**			
24	Because of caring I feel stressed**			
25	Because of caring I feel very lonely**			
26	Because of caring I feel like I can't cope**			
27	Because of caring I have changed my mind about my future school or work plans			

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