2.1 Kingsthorpe Medical Centre

Young Carers Identification and Referral Form

Are you aged 5 years – 17 years and helping to look after a family member, friend or neighbour because of the of their physical, mental ill health, learning disability or substance misuse?

YOUR DETAILS:	
First Name:	Last Name:
Date of Birth:	
Address: Postcode:	
Tel No:	
Email:	
GP Practice where you are registered:	
School / College Full/Part time Education:	
Is your family aware of this referral?	Yes / No
Can your family be contacted?	Yes / No
Name of parent or carer to contact on behalf of young person:	

Any referral of a young person under 18 years needs to have the permission of the Parent/Guardian.

DETAILS OF THE PERSON YOU LOOK AFTER:
Name:
Date of Birth:
Address & Postcode (If different from above)
Contact Tel: (If different from above)
Relationship to me:
Brief details of medical Condition Or reason you are providing care:
Details of the GP practice where the person you care for is registered:

☐ We will refer you to Northamptonshire Carers service for further information and support. **Please tick if you DO NOT wish to be referred.**

*The Carer's service is a countywide organisation offering support to carers and young carers by providing useful information, support and advice such as Free Carers Sitting service, free gym sessions and social activities/games

Please complete this form and hand it to one of our Care Navigators.

Thank you for completing this form