Linden Medical Group

Young Carers Identification and Referral Form

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

By identifying yourself as a carer, we will be able to support you and signpost you to the support services available to you as a carer. If you consent, we will also refer you to Northamptonshire Carers Service for an assessment, who will identify your needs and provide further support to you as a carer.

First Name: Date of Birth: Address: Post Code: Tel. No: Mobile phone no: E-mail: 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 18yrs needs to have the permission of the Parent/Guardian. Parent/Guardian to complete this section. Name of Parent/Guardian: Signed Parent/Guardian: (I give permission for referral) DETAILS OF THE PERSON YOU LOOK AFTER: Name: Date of Birth: Address & Postcode: (If different from above) Contact Telephone No: (If different from above) Relationship to young carer: Details of medical condition and details of the care that you provide: Details of the GP practice where the person you care for is registered:	Young Carer details:		
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Details of the GP practice where			
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the person you care for is registered:	· ·		

I consent to you referring me to *Northamptonshire Carers Service for further information and support

^{*}The Northamptonshire Carer's Service is a countrywide organisation offering support to carers and young carers by providing useful information, support and advice such as Free Carers sitting service and free gym sessions