



Young Carers

REFERRAL FORM

Date: _____

About the Young Carer

Name: _____

Sex: Male Female

Address: _____

Date of Birth: _____

Age: _____

Postcode: _____

Phone No: _____

Parent/Guardian of Young Carer

Name: _____

Mobile No: _____

Relationship to Young Carer: _____

Landline No: _____

Email: _____

Preferred Method of Contact: Mobile No Landline No Email

General Practitioner of Young Carer

Name of GP: _____

Practice Name: _____

Address: _____

Postcode: _____

Phone No: _____

Does the Young Carer suffer from any medical conditions, disabilities or illnesses?

Yes No If yes, please give details below:

Is the Young Carer on any medication? Yes No If yes, please give details below:

About the Situation

Type of care provided by the Young Carer: (please tick all that apply)

Primary Carer Secondary Carer Domestic General Care

Intimate Care Emotional Support Other Care

Please give details of Young Carers roles and responsibilities in and around the home:

Any other relevant information: (e.g. attitude of care recipient, effect on life of young carer)

Does the Young Carer receive help, support or activities from any other agency?

Yes No

If yes, please specify:

About the Care Recipient

Name: _____ Sex: Male Female
Address: _____ Date of Birth: _____
_____ Relationship to Young Carer: _____
Postcode: _____ Phone No: _____

Please give details of other family members / significant others, especially if under 18:

Please give details of nature of illness / disability of Care Recipient:

Does the Care Recipient receive help, support or activities from any other agency?

Yes No

If yes, please specify:

Person Referring

(*leave blank if self referring)

Name:* _____ Position /Relationship
Address:* _____ to Young Carer:* _____
_____ Phone No:* _____
Postcode:* _____ Email:* _____

Type of Referral: Health Services Family / Relation Self Other, please specify:
 Social Services Voluntary Sector Education _____

Has a carers assessment been conducted? Yes No

Please return this completed form by: Email: ycarer@crossroadscare.co.uk
or Post: [Crossroads Care NI, 432 Upper Newtownards road, BT4 3GY](#)

[Print Completed Form](#)

[Email Completed Form](#)

Please Note: Crossroads will assess this referral based on the information submitted on this form.
This will determine the referral's priority, as we do have a waiting list for our Young Carers Project.

 028 9180 0661

 www.crossroadscare.co.uk

 ycarer@crossroadscare.co.uk

 432 Upper Newtownards road, BT4 3GY

 
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