

## Young Carers Summer Club Referral Form (5-15 years)

### Section 1: Young carer's details

Young person			
Name(s):		Address:	
Date of Birth:			
Gender:		Post code:	
Mobile number:		Phone number:	

Does the young person have any disabilities, special educational needs or health concerns?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes please describe what additional support is needed on the day:				

Ethnicity					
White (British/ Irish)	<input type="checkbox"/>	Black British	<input type="checkbox"/>	Indian	<input type="checkbox"/>
White European	<input type="checkbox"/>	Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
White other	<input type="checkbox"/>	Black other	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Other Ethnic group	<input type="checkbox"/>	Gypsy or Traveller	<input type="checkbox"/>	Mixed/ Dual background	<input type="checkbox"/>
Does to wish to share					

Religion					
Christian	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Buddaism	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	None	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	Does not wish to share			<input type="checkbox"/>

### Section 2: Selection of Summer Club

Long Stratton
Acle
North Walsham
Dereham
Watton

Person/s needing care			
Name:		Date of Birth:	
Relationship to Young Carer(s):		Does the cared for live within the family home? Yes / No	
Conditions:			
Mental Ill Health		Chronic/Severe Illness	
Learning Difficulty		Drug/Alcohol/Gambling Problems	
HIV/AIDS		Sensory Impairment	
Other (please state)			

Type of caring being carried out by young person	
Emotional support to the cared for & other family members	
Household tasks i.e shopping and cleaning	
Personal care i.e washing/dressing/bathing/toileting	
Help with siblings	
Helping with finances i.e working to bring in money for the household	
Interpreting for cared for- signing/other communication	
Other (please give details)	

What would the young carer like to get out of coming?	
To Make Friends	
To Have Time Away	
To Find Further Support	
To Have fun!	
Is there anything the young carer is nervous about?	

### 3. Consent and referrer's details

Please tick to confirm that by submitting this form, you are confirming that the young carer and their parent/guardian have consented to the information included about them being shared with Norfolk Family Carers.	Yes		No	
Please tick to confirm that you give us permission to use any photograph(s) or media we have of you in our communications.	Yes		No	

By ticking this box I understand I can contact Norfolk Family Carers at any time to withdraw consent and they will destroy this form and any media they have of me.

Referred by	
Name:	Date:
Relationship to young person:	Address:
Telephone:	Email address:

**Information sharing:** The information contained in this form will be securely stored on Norfolk Family Carers' database. The information will not be shared more widely without the consent of the young carer and/or the parent(s)/guardian(s) as appropriate. However, information may be shared more widely (without consent) where there is a risk of harm to the young carer and/or others.

Referrer's signature.....Date.....

Please contact us on 01603 219924 if you have any difficulty filling in this form.

**Please complete & post to:**

Young Carers Summer Club  
Norfolk Family Carers  
First Floor  
36 St Giles Street  
Norwich  
NR2 1LL

**Or email to:**

[info@norfolkfamilycarers.org](mailto:info@norfolkfamilycarers.org)

If you would like more information on services provided by Norfolk Family Carers, please go to [www.norfolkfamilycarers.org](http://www.norfolkfamilycarers.org).