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## Young Carers Support Application

**How We Use Your Information - for Parent/Legal Guardian:** Our Privacy Policy explains why Action for Carers (Surrey) collects your/your child/ward's personal data, how we use it, who we may share it with, and sets out your rights in relation to your data. You can find our Privacy Policy at [www.actionforcarers.org.uk](http://www.actionforcarers.org.uk) and we recommend that you read it before you complete this form.

If you have any questions about this form, or about how we use your personal data, please contact us on 0303 040 1234 and ask for the Data Protection Officer, or email: [DPO@actionforcarers.org.uk](mailto:DPO@actionforcarers.org.uk), or write to FREEPOST Action for Carers Surrey.

This information will be processed by Action for Carers (Surrey) securely and in line with current data protection legislation. Any personal or sensitive information such as health, ethnicity or sexual orientation, that is shared with us may be recorded and is used for the purposes of providing, advice, information and support to your child/ward in their caring role. As a core part of our service, we will send out newsletters, invitations to support groups where appropriate, forums and other carer related events and activities, which we run. We also from time to time seek your views to help inform our service provision and compile anonymised statistical data and case studies.

Is this application being completed by:

Parent/Guardian/Family Member    •    Agency/School/Professional    •

**Note:**

- If Agency or School is making this referral, please explain the above statement to the Parent/Legal Guardian
- Parent/Legal Guardian must indicate the methods by which we may contact them. Please see Consents section at the end of this form.

### Young Carers details

|                                                                                                    |                                                                                                                              |                              |                                                                                                          |                            |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------|
| <b>First name:</b>                                                                                 |                                                                                                                              | <b>Last name:</b>            |                                                                                                          | <b>Any preferred name:</b> |
| <b>Date of birth:</b>                                                                              | <b>Sex/gender:</b><br>Male <input type="checkbox"/> Female <input type="checkbox"/><br>Other gender <input type="checkbox"/> |                              | If over 16 and consent given to contact directly (see p 4):<br>Young Carer Mobile:<br>Young Carer email: |                            |
| <b>House Number or Name &amp; Street:</b>                                                          |                                                                                                                              |                              |                                                                                                          |                            |
| <b>Town:</b>                                                                                       |                                                                                                                              | <b>County:</b>               |                                                                                                          |                            |
| <b>Postcode:</b>                                                                                   |                                                                                                                              | <b>Ethnicity (optional):</b> |                                                                                                          |                            |
| <b>School/College attended:</b>                                                                    |                                                                                                                              |                              |                                                                                                          |                            |
| Are school/college aware of the referral? Yes <input type="checkbox"/> No <input type="checkbox"/> |                                                                                                                              |                              |                                                                                                          |                            |
| Contact name (at school/college):                                                                  |                                                                                                                              |                              |                                                                                                          |                            |
| E-mail:                                                                                            |                                                                                                                              | Phone:                       |                                                                                                          |                            |

**Additional needs of the young carer:**Education Health and Care Plan (EHCP) ☐

Behaviour / Emotional / Disability – please explain

Is this diagnosed? Yes ☐ No ☐

Medical needs e.g. allergies / epilepsy

**Parent/Guardian  
details***Wherever possible please provide a telephone or mobile number as this enables us to call you to make our initial contact and assessment***Primary Parent/Guardian Name:****Telephone No:****Mobile No:**

Main language spoken at home (optional but this helps us in supporting your child/ward):

**Email:****Preferred time to contact:**Morning ☐ Afternoon ☐ Evening ☐ Any time ☐**Total number of persons in household?****Is there a secondary Parent/Guardian that lives as a different address from Young carer :** Yes ☐ No ☐**Cared-For person  
details**

| Details     | Age range(please enter 1-5)<br>1. Under 18<br>2. 18-24<br>3. 25-64<br>4. 65-84<br>5. 84+ | Nature of illness/disability/mental health condition/substance misuse: | Formal diagnosis?                                        |
|-------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------|
| Cared For 1 |                                                                                          |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Cared For 2 |                                                                                          |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Cared for 3 |                                                                                          |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**Family support**

Is the young person supported by a Child Protection Plan, Child In Need Plan or Team Around The Family? If YES, please given details of social worker or lead professional:

**Name:****Contact number:****Address:****Email:**

Please list any known voluntary or statutory service involvement with the family:

Please select your views of the caring role/situation

|                                                                                                     |  |
|-----------------------------------------------------------------------------------------------------|--|
| The care and support needs of parents has a detrimental affect their care of child / young person   |  |
| Child/young person is the main carer for family member                                              |  |
| Sibling(s) have serious physical and mental health difficulties impacting on the child/young person |  |
| Consistently poor school attendance and at risk of low academic attainment due to caring role.      |  |
| Child isolates or alienates self from others because of caring role                                 |  |

|                                                                                                                                               |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--|
| Cared for has a mild disability/illness not impacting heavily on family functioning and wellbeing                                             |  |
| Some difficulties with family relationships (but not at a level where it is a safeguarding issue and not impacting on their mental wellbeing) |  |
| Limited engagement in play with others / has few or no friends because of caring role                                                         |  |
| Vulnerable to emotional problems, in response to impact of caring role                                                                        |  |
| Poor punctuality/pattern of regular school absences because of caring role                                                                    |  |

| Nature of Caring Role | Examples                                                                         | Tick all that apply      |
|-----------------------|----------------------------------------------------------------------------------|--------------------------|
| Physical              | Cleaning, cooking, washing, paying bills, collecting medication, carrying things | <input type="checkbox"/> |
| Practical             | Washing, medications, dressing                                                   | <input type="checkbox"/> |
| Emotional             | Listening, comforting                                                            | <input type="checkbox"/> |
| Parenting siblings    | Helping siblings to get dressed, making them dinner, helping with homework       | <input type="checkbox"/> |

GP Surgery:

Please provide details of the GP surgery that the young Carer is registered with:

**Surgery Name:**

**Address:**

**County:**

**Postcode**

Additional Comments:

Please provide any other relevant information that may help us to support the young carer: 'how would the young carer/ benefit from our support, what do they need?'

### 1. Agency or School to complete this section:

**Where possible please ask the parent guardian to complete Section 2.** If this is not possible, you must still ensure that you have gained their consent to make the referral to us and explained how Action for Carers Surrey will use their data. Please complete the boxes below:

Name:

Contact Number:

Organisation:

Town:

County:

Postcode:

Email:

**Consent:** I confirm that I have explained the statement at the top of this form to the parent/legal guardian and that I have gained their consents as stated, and for Action for Carers Surrey to process and store the information contained on this form.

**Please tick to confirm** ☐

**Signature** *(email receipt sufficient for Agency School)*

**Date:**

**Note for School/Agency:** If returning form by email this should be from your agency or school email address.

### 2. Parent/Legal Guardian to complete this consent section:

**Please confirm if we may contact you by the following methods:**

Email: Yes ☐ No ☐ / Post: Yes ☐ No ☐ / Phone: Yes ☐ No ☐ / Text: Yes ☐ No ☐

**Note:** We still may need to contact you for emergencies and service messages

**Preferred Method of Contact:** Email ☐ Post ☐ Either ☐

Are you are happy for us to contact your child/ward directly when they are over 16 : Yes ☐ No ☐

Do you consent for us to share this application information with professionals/ school / college ☐

**Sharing Information:** [LINK to privacy statement on website](#)

*For Information, it may be beneficial to register your child/ward as a Carer with their GP*

**I consent to the processing of information as detailed on this form:**

**Parent/Legal Guardian Name:**

**Date:**

**Signature:**

**Please return this form to by post to**

**Action for Carers Surrey, Surrey Young Carers, Astolat, Coniers Way, Burpham, Surrey, GU4 7HL**

**Or by email to [syc@actionforcarers.org.uk](mailto:syc@actionforcarers.org.uk)**

Action for Carers (Surrey) Reg Office: Astolat Coniers Way Burpham Guildford GU4 7HL  
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