1. DETAILS ABOUT THE YOUNG PERSON

Name	Date of birth				
Address and postcode					
Home phone number	Ethnicity				
Mobile phone number					
Email address					
School/college					
Head of year	Form group				
Name and address of your GP					
Name of person with parental responsibility					
Contact details of person with parental responsibility					

2. WHO DOES THE YOUNG PERSON CARE FOR?

PERSON 1

Name	Date of birth	
Relationship to the young carer		
Address and postcode (if different)		
Please tell us about their disability/condition and the help they	/ need.	

PERSON 2

Name	Date of birth			
Relationship to the young carer				
Address and postcode (if different)				
Please tell us about their disability/condition and the help they need.				

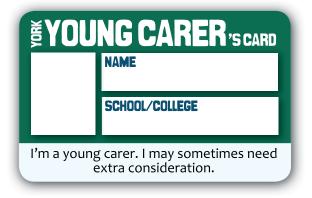
3. ABOUT THE YOUNG PERSON'S LEVEL OF CARING

J. ADOUT THE I	OUNG! ENS	ON SEVEL OF	CAIIII	G		
Please tell us about	the young pers	son's level of caring				
4. OTHER FAMI	LY MEM BER	S				
Name		Date of birth	Date of birth Relationship to young person			
				•		
5. OTHER SERV	ICES INVOLV	/ED				
Is there a safeguard	ing plan for the	e young person?		yes / no		
Has the young carer	had a Young C	arers Assessment o	of Need?		yes / no	
Is there a CAF in pla	ce for this your	ng person?			yes / no	
If there is a CAF who	o is the lead pra	actitioner?				
Tell us the name, add Please include social of Young Carers Asse	workers, CPNs essment of nee	, Home care, Respit d.	e Educat	ion, Lin	netrees, and dates	
Type of service	Name, ad	dress and contact c	letails		Date (if relevant)	
Is the young carer already part of a young carers' service?				yes / no		
If they are not part	of a young care	ers' service, would t	hey like t	o be?	yes / no	
6. SIGN THIS FO	RM					
Has the teacher / tu (If no, the parent ne					yes / no	
Tutor / teacher's signature		Name of tutor /	Name of tutor / teacher		Date	
Young person's sigr	nature	<u>'</u>			Date	
Parent's signature		Name of parent	Name of parent			

PROCEDURE TO BE FOLLOWED WHEN APPLYING FOR A YOUNG CARER'S CARD



- 1 Card to be advertised to students, either to all students or to those who the school/college believes are eligible—to be decided by school.
- When a young person identifies themselves or is identified as being eligible for card, an appointment with head of year or lead teacher should be made.
- Eligibility criteria to be considered and discussed with young person. If they meet the criteria, procedure to be continued. If they do not meet then other areas of support to be explored. York Carers Centre staff are available to give confidential advice.
- Application form to be filled out with the young person. As much information as possible is needed to get a good understanding of caring role and support required. While filling it in, the purpose of the card should be discussed as well as specific support areas for the young person.
- Application form to be signed by Head of Year / Progress Tutor / Pastoral Support Tutor, young person and to be signed by or discussed with the parent or guardian. The discussion needs to be with the parent or guardian and teacher, this discussion needs to be documented on the form.
- If the young person is already involved a young carers' service then a card can be issued. Please inform the service about this for their records.
- 7 If the young person is not already involved and they would like support from their young carers' service, a referral can be made using the same form already completed for the card.
- 8 Addresses and other contact details for young carers' services are on the following page.





YOUNG CARERS' SERVICES: CONTACT DETAILS

YORK CARERS CENTRE

17 Priory Street • York • YO1 6ET tel: 01904 715490 fax: 01904 624413

email: enquiries@yorkcarerscentre.co.uk • web: www.yorkcarerscentre.co.uk

Ask for Liz

THE CARERS RESOURCE HARROGATE, RIPON, BRADFORD, CRAVEN AND AIREDALE

11 North Park Road • Harrogate • HG1 5PD

tel: **01423 500 555**

web: www.carersresource.org

Ask for **Fiona**

HAMBLETON AND RICHMONSHIRE CARERS CENTRE

32 High Street • Northallerton • DL7 8EE tel: 01609 780 872 fax: 01609 788 489

email: penny@hrcarers.f2s.com • web: www.hrcarers.f2s.com

Ask for **Graham**

SELBY CARERS CENTRE THE WILF WARD TRUST

Unit 18, Ousegate Business Centre • Ousegate • Selby YO8 4NN

tel: **01757 292 532** Ask for **Charlotte**

ACTION FOR CHILDREN YOUNG CARERS SCARBOROUGH

The Children's Centre • Cherry Tree Avenue • Scarborough • YO12 5HL

tel: 01723 343754

Ask for **Pat**

BARNARDO'S YOUNG CARERS BRADFORD

Queen's Road • Bradford • BD8 7BS tel: 01274 481183

Ask for **Peter**