



POINTERS YOUNG CARERS WESTERN ISLES

REFERRAL FORM

Young Persons details

Name _____

Address _____

_____ Postcode _____

Home phone number _____ Mobile number _____

Email address _____

Date of Birth _____ School Year _____ School attended _____

Parent / guardian details

Parent / guardian name _____

Parent / guardian address (if different from above) _____

_____ Postcode _____

Home phone number _____ Mobile number _____

Email address _____

Are the parents / guardians aware of this referral? **Yes** **No**

If not, please make them aware of this referral before we contact them

Caring Role

Who does the young person help care for? _____

What is the illness/disability of the person they care for? _____

What are the main caring responsibilities for this young person? Please also give details of why you have referred them to Pointers Young Carers Western Isles and what their main needs are.

Is there any other information about this young person or their family you think we should know about?

Is the young person aware of this referral? **Yes** **No**

If not, please make them aware of this referral before we contact them

Can we contact the young person directly about this referral? **Yes** **No**

(If they are 16 years and over)

Is the young person's school aware that they are a young carer? **Yes** **No** **Unsure**

If not/unsure, is the family happy for us to let the school know if it would be beneficial? **Yes** **No**

Please give details of any other relevant agencies or groups who are involved with the young person

Agency/Service	Contact Name	Contact Number

Referrer Information

Name _____ Agency _____

Job Title _____ Date of referral _____

Address _____

Telephone _____ Email _____

Where did you hear of the group? _____

Please return this form to Pointers Young Carers Western Isles, Pointers Youth Centre,
14-16 North Beach Street, Stornoway, Isle of Lewis HS1 2XJ
Telephone No: 01851 822 713 E-mail: pointers@cne-siar.gov.uk

All referrals are assessed by the Comhairle's Children and Families team.
You may be contacted by them for this.

Office Use only

Date referral received	Date referring agency contacted	Date Social Work contacted	Date family contacted