

Young Adult Carers 16 - 25 Referral Form

Please use **BLOCK CAPITALS** and ensure all boxes are completed. (v.3 2026)

Date of completion:

Completed By:

PERSONAL DETAILS

First Name:		Date of Birth:	
Middle Name(s):		Biological Sex:	☐ Male ☐ Female
Surname:			
Ethnicity:		NHS Number (if known):	
Home Address: Postcode:			
Preferred phone no:		Alternative no:	
Email:			
School / College / NEET status/ Paid work Voluntary work	 Under 16hrs ☐ 16 or more hrs ☐ Under16hrs ☐ 16 or more hrs ☐	GP Practice:	
Accommodation (as per Paris list)	Living with Friends and family permanently ☐ Living with friends and family temporarily ☐ Other ☐		
How would you, the young person, like to be contacted?	☐ At home ☐ At School/College ☐ Mobile ☐ Text ☐ Email ☐ Other:		

By providing us with your contact details, **you are giving us consent** to contact you via these methods.

REFERRAL DETAILS

Referred by (Name):		Job Title:	
Referrer's Organisation and Address:	Postcode:	Referrer's Phone no:	
		Referrer's Email:	
Referral Type:	☐ Self ☐ Family ☐ TYCS ☐ School / College ☐ Checkpoint ☐ CSW ☐ GP ☐ CIN/Safeguarding ☐ Children's Integrated Services ☐ Children's Early Help ☐ Job Centre Plus ☐ Careers SW ☐ Mental Health/CAMHS ☐ Drug/Alcohol ☐ Adult Health & Social Care ☐ Other Health ☐ Other:		
Is the person being referred known to Children's Services i.e. Child Protection or Children in Need? ☐ Yes ☐ No If Yes, provide more detail on Page 3.			

INFORMATION ABOUT THE CARING ROLE and FAMILY COMPOSITION

Who is the main person you are caring for?	☐ Mother ☐ Father ☐ Sibling ☐ Grandparent ☐ Other:		
Are you the main carer?	☐ Yes ☐ No – If no, who is main Carer.....		
What difficulties does the person you care for have?	☐ Substance Misuse; ☐ Mental Ill Health; ☐ Elderly Frail; ☐ Dementia (including memory); ☐ Physical Disability; ☐ Learning Disability (including ADHD, Autistic SD, Behavioural); ☐ Sensory Disability; ☐ Long-term Illness or Condition; ☐ Terminal Illness ☐ Other		
Details of Caring role (tick as many that are relevant to your caring role):	☐ Dressing ☐ Toileting ☐ Washing, Bathing and Showering ☐ Meal preparation ☐ Medication ☐ Shopping ☐ Cleaning ☐ Laundry ☐ Transferring on or off bed/bath/chair toilet ☐ Transport ☐ Mobilising indoors or outdoors ☐ Emotional Support ☐ Activities ☐ Managing Behaviour ☐ Looking after siblings ☐ Keeping safe ☐ Dealing with correspondence/finances ☐ Making calls/visit about or for them ☐ Other:		
Do you care for anyone else?	☐ Yes ☐ No	Who?	☐ Mother ☐ Father ☐ Sibling ☐ Grandparent ☐ Other:

FAMILY COMPOSITION (who lives at home with you Mum, Dad, Brother, Sister etc):					* Consent to Share F / P / N
Surname	First Name	Date of Birth	M / F	Relationship	

* Consent to share information: **(F) Full Consent (P) Partial Consent (N) No Consent**, to share information.

OTHER SIGNIFICANT CONTACTS (Who else is important to you?):			* Consent to Share F / P / N
Full name	Address	Relationship (Grandparents, Neighbour etc)	

ADDITIONAL INFORMATION
Priority to be contacted. ☐ Urgent 1 week ☐ Important 2 - 3 weeks ☐ Less Urgent 3 – 6 weeks
Any Risks or Concerns. ☐ Yes ☐ No (please attach extra paper if necessary)
INFORMATION SHARING: I agree that the information can be shared with health and social care professionals and service providers who can contribute to my care. Professionals: ☐ Yes ☐ No I do not wish my information to be shared with the following: I agree for information to be shared with my family if relevant. Family: ☐ Yes ☐ No
In the last week, how many hours of care do you estimate you have provided? TOTAL Hours Caring per week. ☐ 1-9 hours ☐ 10-19 hours ☐ 20-34 hours ☐ 35-49 hours ☐ 50+ hours
Please detail any other information below:
Would you like a copy of this referral? ☐ Yes ☐ No If yes, by paper or email? paper ☐ email ☐

Young Adult Carers, Torbay and South Devon NHS Foundation Trust, Paignton Library, Room 17 First Floor,
Paignton Carers Centre, Great Western Road, Paignton, TQ4 5AG

FOR OFFICE USE ONLY: (Form issued 2025)

Assigned Caseworker		Date contacted:	
YAC Number:		PARIS No:	
Caseworker advised of PARIS ID and YAC number and documentation processed and securely filed:			☐ Yes
If YAC would like copy of referral, has it been posted or emailed as requested:			☐ Yes