

Crossroads Young Carers Cowal & Bute – Young Adult Carer Referral

CONFIDENTIAL when completed

Young Adults Name		
Address		
Telephone (Home & Mobile)		
Email		
DOB		
Other immediate family members (Name, age, relationship)		
Name of cared for person		
Relationship to carer		
Is the young adult the main carer?	Yes	No
Does the young adult care for more than one person?	Yes	No
Does the cared for person(s) suffer from	Autism/ADHD or associated behaviours Learning Disability Long Term Ill Health Mental Ill Health	Other (Please specify) Physical Disability Substance or Alcohol Misuse
What is your understanding of the young adults caring responsibilities?		
Education/Employment		
Social Worker & contact details		
Are there other agencies supporting the family? Who?		
Are there other agencies supporting the young adult? Who?		

How is the young adults caring role impacting on them? How well are they managing?	
Are you aware if the young adult would like to complete an Adult Support Plan?	
Are you aware if an Emergency Plan is required?	
Would the young adult like a Young Carers Education Card? (If in Education)	
Other relevant information	
Are there any risks/safety issues when visiting the family home?	
Young Adult aware of referral	Yes/No
Referred by	
Agency	
Telephone	
Signature	
Date	

Please return completed form to:

Mags Todd, Young Carers Manager, Crossroads Young Carers Cowal & Bute, 30 George Street, Dunoon, Argyll, PA23 8BW

Telephone: 01369 704492

Mobile: 07827767472

Email: mags@cyccb.org.uk

admin@cyccb.org.uk

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GIRFEC Wellbeing Indicators – where Young Adult is under 18 years

As the referrer, do you have any areas of concern for this young adult as a young carer?

Safe	
Healthy	
Active	
Nurtured	
Achieving	
Respected	
Responsible	
Included	
Additional Comments	



For Office Use Only:

First contact made		
Notes		
Further contact		
Notes		
Family visit arranged		
Notes		
Referee updated with outcome		

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