

Telford & Wrekin

**Young Carers Service**

**SELF REFERRAL AND INITIAL INFORMATION RECORD**

|  |  |
| --- | --- |
| Name of person making referral: | Date of Referral: |
| Relationship to the Young Carer: |
| **Child/Young Person’s Details** |
| Family Name |  |
| Forename |  | Gender: Male ⬜ Female ⬜ |
| Address |  |
| Postcode |  |
| Telephone |  |
| Mobile |  |
| Date of Birth |  |
| Age |  |
| School attended |  |
| **Details of Person/People Young Carer is Caring for** |
| Name |  | Date of Birth |  |
| Relationship to Young Carer |  |
| Illness/Disability |  |
| Any further information |  |
| Completed by |  |
| Date completed |  |

**PLEASE RETURN TO** **info@telfordandwrekinyoungcarers.org.uk** **or call 01952 240209. Please adhere to GDPR guidelines and password protect this document, sending password for access in separate email to the same email address.**

**Instructions for password protection:**

**PC: File – Info – Protect Document – Encrypt with Password**

**Mac: Word menu – Preferences – Personal Settings – Security – Password to open**