



# KINGSTON CARERS' NETWORK

*Improving the lives of carers in Kingston*



Young  
Carers'  
Project

Kingston Carers' Network  
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## Referral to Kingston Carers' Network - Young Carers' Project

Date of referral:	Name of referrer:
Job title:	Telephone:

***You MUST have the permission of the carer or parent to make a referral.***

### Young Carer:

Surname:	Forename:
Address:	School:
Ethnic Origin:	D.O.B.:
Telephone (Home):	(Mobile):
Main Guardian:	Relationship:
E-mail:	Any difficulties in contacting?

### Person with care/support needs:

Surname:	Forename:
D.O.B.:	Relationship:
Diagnosis/condition:	
Type of care/support provided and impact of this:	

**Often we like to contact the school to let them know the carer is part of this project. This helps us and the school know how best to support the carer.**

Is it OK for us to have contact with school?     **YES/ NO**

**It can also be helpful to contact the Single Point of Access, especially if you would like us to arrange a Young Carers' assessment.**

Is it ok for us to have contact with SPA?     **YES/NO**

### **Young Carer's and Family Circumstances:**

**Please give us any information which may be useful e.g.**

- 1. Are there other professionals involved?*
  
- 2. Is the young carer the main carer?*
  
- 3. Is the parent/guardian or anyone else concerned about the level of caring been undertaken?*
  
- 4. Are there any other issues the family need support with?*
  
- 5. Any additional needs?*
  
- 6. Any other relevant information?*

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