

PKAVS Carers Services

The Gateway, North Methven Street, PERTH, PH1 5PP

Tel.: 01738 567076

www.pkavs.org.uk

YOUNG ADULT CARERS REFERRAL FORM

Definition of a Young Adult Carer:

Young Adult Carers are between the ages of 16 to 25 years and look after a friend or family member of any age due to disability, mental illness, chronic/terminal illness and/or problems relating to substance misuse.

Please request permission to make a referral on any young adult carers' behalf

Date:	YAC Referral No:
Name of Young Adult Carer:	D.O.B: Age:
Name of Person(s) "Cared For"	Relationship to YAC:
1.	Relationship to YAC:
2.	Relationship to YAC:
3.	Relationship to YAC:
Address:	
Postcode:	
Email:	Home No:
School/College/University attending (if relevant):	Mobile No:
Nature of Illness/Disability of Person(s) "Cared For" (tick appropriately):	
Dementia	Multiple Sclerosis
Elderly	Physical Disability
Learning Disability	Stroke
Mental Health Issues	Substance Misuse
Other: (please specify)	
<p>If 'Substance Misuse' has been ticked, the young adult carer also has the option to engage with PKC Drug, Alcohol, Homeless & BBV Team for specialised support. Please tick/delete below:</p> <ul style="list-style-type: none"> • I wish for this young adult carer/myself to be signposted onto the above Team • I do not wish for this young adult carer/myself to be signposted onto the above Team 	
Other agencies involved with YAC and/or family:	
Name (YAC or family member):	Agency Involved:
1.	

2.	
3.	
4.	

<p>GP practice to whom the young adult carer is registered with (please note that if this section is completed, your GP practice may be contacted to inform them of your referral. We would always encourage any young person to make their GP aware of their caring role)</p>	<p>Name:</p> <p>Address:</p> <p style="color: red;">*this section is optional</p>
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If you are self-referring you do not need to fill in this section:

Referred by:	Agency:
Address:	
Tel No:	E-mail address:
	Young person has provided referral permission (compulsory) YES / NO

Please include the reason for referral, including the impact and effect the caring role has on the young adult carer/you:

Reason for Referral/Information:

Please return completed form to Sarah Kidd at sarah.kidd@pkavs.org.uk or to the above address.