



Young & Sibling Carers Referral Form

CENTRAL BEDFORDSHIRE ONLY

Carers in Bedfordshire may be asked to share your personal information with the people who fund our project. These are Bedford Borough Council, Central Bedfordshire Council and N.H.S Bedfordshire. Please specify if you agree with this.

I agree to this I do not agree to this.

Please note, as of 1st April 2016, our contract has changed and as such, Central Bedfordshire Council are the main provider of support to Young and Sibling Carers living in Central Bedfordshire and referral for this can be made via EHA. Carers in Bedfordshire are still able to offer a limited service to Central Bedfordshire Young and Sibling Carers, please choose from the list below which information you would like to be sent to the family (tick as many as needed)

- Peer Mentor Project**
- Sibling Carer Workshops**
- Carers Café**
- Carers Grant**
- Carers Discount Card**

Carer details:

Name:	DOB:	Gender:	
Address including post code:	Religion:	Ethnicity:	
	Parent Name & Contact No.:		
School / College Name & address:	Are school aware that the young person is a carer?	YES	NO

Cared For:

Name:	DOB:	Relationship to Carer:
Diagnosis:		

Do you have verbal / written consent for this referral from the parent? YES / NO

Parents Name & Signature Date.....

Referrers Name & Signature..... Date.....

Referrers Contact Number..... Referrers Organisation.....

PLEASE RETURN TO:

Carers in Bedfordshire Suite K, Sandland Court Pilgrim Centre, Brickhill Drive Bedford Bedfordshire MK41 7PZ	Telephone: 0300 111 1919 Fax: 01234 341766 Email: contact@carersinbeds.org.uk Web: www.carersinbeds.org.uk
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