



The Princess Royal Trust  
for Carers  
Network Member

# YOUNG CARER REFERRAL FORM



Hyndburn and Ribble Valley



Referral Number: (Office use only)
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Name of Young Carer:		Date of Referral:
Age:	Date of Birth: / /	
Address:		
Post Code:		
Home Telephone Number:		
School or college:		
Name of Parent or Guardian:		
Referring agency: SELF / PARENT / PROFESSIONAL		
If Professional please state Agency & Name of referrer :		
Contact number of referring agency:		
Who is the Young Carer caring for and why?		
Brief outline of Young Carers situation and caring role.		
Have the Parent(s) / Guardian(s) given permission for this referral?		
Are Social Services involved with the family? If Yes, please give brief details:-		

<p><i>For Carers Link use only:</i></p> <p>Action Taken:</p>  <p>Outcome:</p>
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Contact: Young Carers Team  
Address: Carers Link  
Link House  
23 King Street  
Accrington  
BB5 1PR

Tel: 01254 387666  
Fax: 01254 385383  
Email: [youngcarers@carerslink.org](mailto:youngcarers@carerslink.org)