



Young Carers Referral Form

Pupil's name: _____

Class: _____

Does the pupil have parents or other family members who have a long-term illness or disability, or who are affected by mental ill-health or substance misuse?

Yes No

If you wish, you can give further details here: (not required)

Would you like more information about the types of support the school provides to young carers?

Yes No

Please provide a name and telephone number or email address so that we can contact you.

Name: _____

Telephone/email address: _____