

**Young Carers Referral Form**

This form is for use of Mayflower Staff, students and/or their families, who have been identified as having caring responsibilities in the home.

In the interest of Safeguarding, details provided might need to be shared with other professionals.

**Student Name: …………………………………………………………….. Form group:**

**Date of referral:** ……………………………

 **Parent/Carer Referral  Student Referral  Staff Referral **

**Details of person cared for?**

**Please include as much details as possible**

**Is there anything else we need to know?**

Please share completed referral form to:

**Young Carer Initial Assessment feedback & actions:**