



Are You a Young Carer?



Does someone in your family have a disability, illness or misuse drugs or alcohol?

Yes

No

Are you helping to look after them at home, doing things an adult would often do?

Yes

No

If you have answered **yes** to both questions, then you are a Young Carer.
Please answer the questions below so we can make sure you get the right support.

Who do you look after? (tick as many boxes as you like)

Mum

Dad

Brother(s)

Sister(s)

Grandparent(s)

Someone else (tell us who)

What are their names? If it is a brother or sister, please also give us their date of birth (birthday)

Why does your family member need your help? For example, are they disabled, ill or misuse drugs or alcohol? Does their condition have a name?

Do you ever want any help?

Often

Sometimes

Never

Please tick the boxes of any jobs you do at home to help the person you support:

Washing up / cleaning / preparing food / loading the washing machine

Going to the shop on your own

Helping someone to communicate – e.g. sign language, reading things out

Helping someone with washing or moving around

Keeping them company

Keeping an eye on younger siblings

I worry about someone:

All the time

Sometimes

Not at all

Contact Details:

First Name & Surname:

Date of Birth:

Gender:

Ethnicity:

First Language:

School name and address:

GP Surgery:

Parent or guardian's name:

Their telephone number:

Their email address:

Address:

Signature: *Parent / Guardian signature are required below to agree to the following:*

1. Do you consent to Carers in Hertfordshire storing information given on this form regarding your health, any disability and demographic data (e.g. ethnicity, religion, gender)?
Yes No
2. You acknowledge that all other information supplied on this form will be stored on Carers in Hertfordshire's secure database and that Carers in Hertfordshire has a duty to share our work with your family with Hertfordshire County Council by recording it on the Council's EHM system.

If you are under 16, you must have the permission of your parent or guardian to share these details with us. We will use these details to arrange to talk to you and your parent or guardian to discuss your caring role and what support is available.

Parent/Guardian Signature:

Date:

Parent/Guardian Name:

Carers in Hertfordshire are committed to practice which protects children from harm. We will never sell or share information for commercial gain.

