



# BURNLEYPENDLE & ROSSENDALE

COUNCIL FOR VOLUNTARY SERVICE



BPRCVS  
Rachel Kay-Shuttleworth Building  
62-64 Yorkshire Street  
BURNLEY BB11 3BT

Telephone: **01282 433740**  
Email: [info@bprcvs.co.uk](mailto:info@bprcvs.co.uk)  
Website: [www.bprcvs.co.uk](http://www.bprcvs.co.uk)

## REFERRAL FORM - *parents/guardians, family members and professionals*

BPR Young Carers specialise in supporting Young Carers of someone with a mental health problem and/or a substance misuse problem in Burnley, Pendle and Rossendale.

### REFERRER'S DETAILS

Name.....Date form completed.....

Address.....

.....

Postcode.....Telephone.....Mobile.....

Email.....

### CARE GIVER (Young Carer)

Name.....DOB.....

Address (if different from referrer's).....

.....

Postcode.....Telephone.....

### CARE RECEIVER

Name.....DOB.....

Relationship to Young Carer (e.g. sibling, mother etc).....

Please indicate the caring situation (please circle):

Mental Health

Substance Misuse

Both



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Could you please indicate the young person's ethnic origin for monitoring purposes		
<b>White</b>	British [ ]      Irish [ ]	Any other White background [ ]
<b>Mixed</b>	White & Black Caribbean [ ] White & Asian [ ]	White & Black African [ ] Any other mixed background [ ]
<b>Asian or Asian British</b>	Indian [ ] Bangladeshi [ ]	Pakistani [ ] Any other Asian background [ ]
<b>Black or Black British</b>	Caribbean [ ]      African [ ]	Any other Black background [ ]
<b>Other ethnic groups</b>	Chinese [ ]	Any other ethnic background [ ]

**School/College**  
Name.....Year .....

Telephone.....Key Worker (if known).....

**Other members of the household**

Name	Relationship	Date of Birth
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

**Tasks that the young person carries out (e.g. housework, shopping, emotional support)**

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### Any other useful information?

.....  
.....  
.....  
.....

### Please circle your answer

Has a CAF been completed?	YES	NO	DON'T KNOW
Is the young person aware of this referral?	YES	NO	DON'T KNOW
Is the young person aware of the mental health illness and/or substance misuse problem and are the parents/guardian happy for this to be discussed with the young person?	YES	NO	

**Referrer's Signature**.....

**Once completed, please return to the address shown on the front of this referral form**