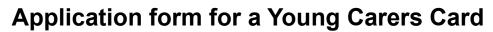


Name





To be completed by a Trusted Referrer

About You (the trusted referrer)

Please read the FAQ's and guidance notes before completing this form and make sure you answer <u>all</u> of the questions and sign the form before sending it to us.

Job title				
Which organisation do you work for?				
Telephone				
Email				
What is your relationship to the young carer?				
About the Young Carer				
Forename:				
Surname:				
Date of birth:				
Address:				
Postcode:				
Telephone:				
Email:				
What is their mai language?	in Welsh English Bilingual			

			1		
What language do they want to use for communications?		Welsh	English	Bilingual 🗌	
Who does the young carer help to care for?					
Forename:					
Surname:					
Date of birth:					
Address:					
Postcode:					
Telephone:					
Is this person	Mum 🗌 Da	d 🗌 Brotl	her 🗌 Siste	er 🗌 Grandpa	rent 🗌
their:	Other (please	state who)			
Young Carers Information Service					
By applying for a Young Carers Card the young carer will automatically become a member of the Young Carers Information Service.					
Are they happy to be sent useful information relevant to young carers by email?			No 🗌		
Do they understand that they can change these Yes No					
Do they underst	and that they ca	n change the	ese	Yes	No 🗌
preferences at a	iny time by emai	ling	ese	Yes 🗌	No 🗌
preferences at a		ling	ese	Yes	No 🗆
preferences at a YoungCarersSu Do they underst	ny time by emai pportTeam@rcto and that they ca	ling cbc.gov.uk?		Yes Yes Yes	No No No
preferences at a YoungCarersSu Do they underst their personal in	ny time by emai pportTeam@rcto and that they ca formation at:	ling cbc.gov.uk?			
preferences at a YoungCarersSu Do they underst	ny time by emai pportTeam@rcto and that they ca formation at:	ling cbc.gov.uk?			
preferences at a YoungCarersSu Do they underst their personal in	ny time by emai pportTeam@rcto and that they ca formation at:	ling cbc.gov.uk?			

Consent

If the young carer is under 18 we need their parent/guardian's consent to issue a				
YC Card. Please can the young carer ask their parent/guardian to complete the				
	section below:			
Parent/Guardian				
Name:				
Phone number:				
Parent/Guardian				
signature:				
	Please note, we are unable to accept an application for a YCID card without parent/guardian consent			
	·			

PHOTO GUIDELINES

Please provide a good quality photo (head & shoulders) of yourself to be used on the card. The picture can be taken on a phone or other device.

Please email the photo to YoungCarersSupportTeam@rctcbc.gov.uk

Please ensure the photo:

- Is a recent colour photo
- Is of you alone (no other people or pets)
- Is taken against a pale background
- shows you facing forwards with your head and shoulders in the photograph
- shows your full face

If there are any issues with your photo we will contact you

Please sign and date the form

Do you certify that this young person is a Young Carer who meets the following eligibility criteria:

- The Young Carer is aged under 18
- The Young Carer helps to look after a family member who has a disability, physical or mental illness or is affected by substance or alcohol misuse.
- The Young Carer lives in Rhondda Cynon Taf.

	,
Signature of	
trusted referrer	

Date:	

Please check that you have answered all of the questions and return the form and photo to:

Email: YoungCarersSupportTeam@rctcbc.gov.uk

OR

Carers Support Project 11-12 Gelliwastad Road Pontypridd CF37 2BW



Ariennir gan **Lywodraeth Cymru**Funded by **Welsh Government**



