



Professional Referral Form to Manchester Carers Centre

Young Adult Carers Project (YACS 16-25)

Young Adult Carers Information	
Full Name	
Mobile Telephone Number	
Home Telephone Number	
Email Address	
Full Postal Address & Postcode	
Age	
DOB	
Gender	
Is the YAC in work or education? (please give details i.e name of college)	
*Carers Consent *YAC agrees to be contacted by Manchester Carers Centre & is happy for information to be shared back with you the referrer.	
Preferred way/ time of being contacted Phone/Email? Weekday/Weekend/Morning/Afternoon/Evening?	
Who are they caring for?	
Full Name	
Relationship to YAC	
Telephone Number	
Full Postal Address & Postcode (if different from above)	
Age	
Condition/Disability of Cared For	
Young Adult Carer and Parent/Guardian Consent	
Is the YAC aware of this referral?	
Is the YACs' parent/guardian aware of this referral?	



Referrer's Information	
Full Name & Role	
Organisation	
Mobile/work Telephone Number	
Email Address	
What's your professional role with the YAC or their family? How are you currently helping them?	
What help does the YAC need from your point of view?*	
<small>*If there are any health & wellbeing/safeguarding concerns please inform Elisabeth, YAC worker, directly.</small>	
What impact does caring have on the YAC's life?	
I would like to be added to the YACs Professional mailing list	Yes / No
How to submit	
Email	Elisabeth@manchestercarers.org.uk
Post	Manchester Carers Centre Vulcan Mill, 12-18 Pollard Street Manchester, M4 7AN
Contact	0161 27 27 27 0 General enquiries Tues-Fri 10am-4pm 07957 836058 YAC Mobile Mon-Fri 10am-4pm www.manchestercarers.org.uk