

Child's Name.....

Class.....

I think my child may be a Young Carer and I wish to discuss with the school Young Carer Lead	Yes/No
My child is a Young Carer and I wish to discuss with the school Young Carer Lead but I do not wish for a referral to be made at this time	Yes/No
My child is a Young Carer and I wish to discuss a referral to Swindon Young Carers	Yes/No

Parent/Carer Signature.....