



icare
For Young Carers in Surrey

The logo for 'icare' features a stylized lowercase 'i' in green with a pink circle above it, followed by the word 'care' in white lowercase letters. Below the logo, the text 'For Young Carers in Surrey' is written in white.

Are you under 18? Do you look after someone who is ill, frail, has a disability or mental health problem, or misuses drugs or alcohol?

If this applies to you, you are a young carer.

Young carers provide very important help to their families, and because of this we want to hear from you. We want to know what you do and how you feel about it; this way we can see if we can do anything to help.

If you want help with the questions, we are more than happy to help, but doing it with someone closer to you, or doing it on your own, is also fine. You can fill out the form on paper and post it to us, or we can e-mail it to you.

Your needs

Please tell us a bit about you:

Name

Date of Birth

Male/ Female

Address

Postcode

Telephone number

E-mail address

Your school/ college/ place of work

GP

Ethnicity

Religion

Who would you like us to contact in an emergency?

Their contact telephone number



We would like to hear from you

Please tell us who is in your family:

Name	How are they related to you?	Do they live with you?
		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>

Please tell us about the person you care for:

I look after

because

Do you feel you know enough about the condition/ illness that they have? YES NO

Does anyone else help look after this person? YES NO

If so please tell us who else helps

Please tell us what you do to help the person you care for:

What do you do to help the person you care for?

	I don't help with this	I help with this
Washing/ bathing/ showering		
Getting dressed		
Using the toilet		
Getting in/ out of bed		
Walking		
Eating/ drinking		
Taking medication		
Shopping		
Interpreting what they say		
Cooking		
Cleaning		
Laundry/ ironing		
Paying bills		
Keeping them safe		
Helping them calm down		
Comforting them		
Listening to them		
Helping them if they have fallen over		
Looking after them if they're drunk/ have taken drugs		
Help them to feel better about themselves		
Stopping them hurting themselves		
Looking after younger ones in the family		
Helping in an emergency		

Is there anything else you want to tell us about how you help the person you care for?

Things that are difficult, and what would help?

Things that I enjoy:

Things which are more difficult, and what would help?

How you feel about caring



Who knows you are a young carer?

It is good for at least 5 adults you trust to be aware of your caring responsibilities so that they can support you emotionally or practically if things are difficult. Some examples of people you might like to tell are as follows; family members, doctor, form tutor, teacher, student support worker at school, youth worker, faith group leader etc.

If you can think of any adults who you would like to know you are a young carer, please write below:

- 1
- 2
- 3
- 4
- 5

How would you like to let these people know?

- I would like to tell them
- I would like someone else to tell them

Please tell us who

Please let us know how being a young carer affects you:

I am currently at:

school college work

Does caring affect:

	All the time	Sometimes	Never
Your attendance? (including getting there on time)			
Your concentration?			
Your homework?			
Your exams?			
Your sleep?			
Your social life and interests?			
Your relationships with friends and family?			
Your relationship with the person you care for?			
The amount of free time you have?			

What do you do for fun in your free time?

Do you ever feel:

	All the time	Sometimes	Never
Worried?			
Stressed?			
Scared?			
Angry?			
Fed-up?			
Lonely?			
Tearful?			

Does caring cause:

	All the time	Sometimes	Never
Interrupted sleep?			
Tiredness?			
Backache?			
Aches/pains/strains?			
Injury/bruising/cuts?			

Please tell us about what causes you to feel like this:

Please tell us what you think about the help that your family already has:

What would you like to happen if your parent(s) is unwell or has to go to hospital?

Please tell us about your plans for the future:

What would you like to do after year 11?

What would help you to be able to do this?

Please tell us about any ideas you have of ways that we can help you and your family?

If there is anything else that you would like to let us know, then please use this space to tell us:

Thank you very much for taking the time to fill out this form. The next thing that we will do is arrange to meet you and your family to come up with some ideas of how we can help to make things better.

Would you like to be invited to this meeting? YES NO

If yes then please let us know how you would prefer us to contact you:

- Telephone E-mail
 Letter Through your parents

We'd like to say thank you
to all the young carers involved
in the development of 

