



Carers of West Lothian

Freepost RTJJ-KRJG-HURG Carers of West Lothian Sycamore House Quarrywood Court LIVINGSTON EH54 6AX

You can contact us at:

- www.carers-westlothian.com
- **©** 01506 448000
- Sycamore House,
 Quarrywood Court,
 Livingston, EH54 6AX
- Open Monday Friday

This lealet is available in large print and other languages. If required please contact the office.

A Company Limited by Guarantee. Company No. SC226434 Scottish Charity No. SC 019628







Are you a Young Carer?



A young carer is someone under the age of 18 who helps to look after a member of their family who is ill or disabled.

Who is our service for?

It's for young people between the ages of 8 and 18 living in West Lothian who are looking after a family member who has an illness, disability, is experiencing mental health problems or is affected by alcohol and drug misuse.

I am more confident because of the young carer support It was good my child could go places and do activities we as a family are unable to do

It was momentous for me to be able to step away from being a carer and be who I am. I've never forgotten the impact that you and young carers has had on my life



How can we help you?

Support workers will talk with you to explore the kind of help you may need, such as:

- Individual support
- Group work
- Support within school/ college
- Counselling
- Short breaks
- Information and advice
- Signposting
- Respite
- Learn new skills, e.g. First Aid, Mindfulness

These may help you with:

- Mental wellbeing
- Low self-esteem and confidence
- Building friendships
- Your caring responsibilities

Register for support

Please complete the form below and post it to us in an envelope using the FREEPOST address as shown on the reverse (no stamp required).

Your Details:

Name:	
Address:	
Postcode:	
Tel No:	
Mobile No:	
Email:	
Date of	
Birth:	
Please tell us	about your Parent/Guardian:
Please tell us a	about your Parent/Guardian:
	about your Parent/Guardian:
Name: Tel No:	about your Parent/Guardian:
Name:	about your Parent/Guardian:
Name: Tel No: Signed:	about your Parent/Guardian:
Name: Tel No:	about your Parent/Guardian:
Name: Tel No: Signed:	about your Parent/Guardian:
Name: Tel No: Signed: Date: How did you	about your Parent/Guardian:

By filling in this form and submitting it to us you consent to us using your data. You can withdraw consent at anytime by contacting COWL. We will keep your details confidential and will use them only for statistical purposes and to supply you with appropriate information, advice and services.