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**Carers Self Assessment**

**To be returned to:**

**Inverclyde Carers Centre**

**68-70 Cathcart Street**

**Greenock**

**PA15 1DD**

**01475 735180**

**enquiries@inverclydecarerscentre.org.uk**



**ABOUT YOU AS A CARER**

|  |  |
| --- | --- |
| Name |  |
| Address  Postcode |  |
| Telephone |  |
| Email |  |
| Date of Birth |  |
| Gender |  |
| Economic status |  |
| CHI Number |  |
| Do you have any illnesses/conditions? |  |
| How did you find out about us? |  |
| **If you would like to be kept up to date about our services and fundraising activities please tick here:** | |

**Using your personal information**

I understand that completing this form will lead to a computer record which will be treated confidentially. Inverclyde Carers Centre will hold this information for the purpose of providing care services and to meet my needs (including emergency planning). To do this the information may be shared with Health & Social Care Partnership, NHS Agencies and other organisations. This will help to reduce the number of times I am asked for the same information.

Information will not be passed on from the Carers Centre without my consent. Do you consent to your information being shared with the agencies listed above?

**Signed \_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_****\_\_\_\_\_\_\_**

**YOUR CARING ROLE**

We have included space for two of the people you care for.

Please let us know if you care for more than this.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| How many hours a week do you spend caring for other people? | 1-4 | 4-19 | 20-34 | 35-49 | 50+ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| What is your relationship to the first person you care for? |  | | | | |
| How long have you been caring for them? | <1 yr. | 1-5 yrs. | 5-10 yrs. | 10-20 yrs. | 20+ |
| Name: |  | | | | |
| Address: |  | | | | |
| Post Code: |  | | | | |
| Illness/Conditions: |  | | | | |
| Date of Birth: |  | | | | |
| GP Name and Practice: |  | | | | |
| Are you willing to provide care for cared for? |  | | | | |
| Are you able to provide care for the cared for? |  | | | | |

It will be helpful if you can give details of what your caring roles involve. There are many different caring roles, some Carers provide many different types of support, others provide quite specific support.

|  |  |
| --- | --- |
| **Type of care you provide** | **What does this typically involve?** |
| Supervision | *e.g. not leaving them alone, attending appointments with them* |
| Emotional Support | *e.g. listening and reassuring* |
| Personal Care | *e.g. prompting or assisting with washing or dressing* |
| Domestic Chores | *e.g. housework and shopping* |
| Business and Financial Matters | *e.g. dealing with bills and banking* |
| Physical Support | *e.g. physically helping someone out of their chair or bed* |
| Other |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| How many hours a week do you spend caring for other people? | 1-4 | 4-19 | 20-34 | 35-49 | 50+ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| What is your relationship to the second person you care for? |  | | | | |
| How long have you been caring for them? | <1 yr. | 1-5 yrs. | 5-10 yrs. | 10-20 yrs. | 20+ |
| Name: |  | | | | |
| Address: |  | | | | |
| Post Code: |  | | | | |
| Illness/Conditions: |  | | | | |
| Date of Birth: |  | | | | |
| GP Name and Practice: |  | | | | |
| Are you willing to provide care for cared for? |  | | | | |
| Are you able to provide care for the cared for? |  | | | | |

It will be helpful if you can give details of what your caring roles involve. There are many different caring roles, some Carers provide many different types of support, others provide quite specific support.

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| --- | --- |
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| Other |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **IMPACT OF CARING** | | | | |
|  |  | | | | |
| **Has caring had an impact on your:** | | | | |  |
| Health | |  | Life Balance |  |  |
| Emotional Well-being | |  | Finance |  |  |
| Living Environment | |  | Future Plans |  |  |
| Employment | |  | Feeling Valued |  |  |

Has your caring role affected your relationship with the person you care for? If yes, can you explain in what way?

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Has your caring role affected your relationships with other people? If yes, can you explain in what way?

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Would you like to be added to your GP’s Carer Register?

     

GP Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Practice:      \_\_\_\_\_\_\_\_\_\_\_\_

**FINANCE**

Do you look after the financial affairs of the person you care for?

Yes  No

Have you had a benefits check?  Yes  No

If no, would you like one? Yes  No

|  |
| --- |
| Are you currently experiencing disadvantage or discrimination, including financial hardship, due to your caring role? |
|  |

**LIFE OUTSIDE CARING**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Do you get a break from caring:** | | | | | |
| Regularly |  | Occasionally |  | I don’t get any break |  |
| **What would you like to do but don’t get the time for?** | | | | | |
|  | | | | | |

As well as caring responsibilities what other responsibilities do you have and how much of your time does this take up?

     

**EMPLOYMENT AND TRAINING**

|  |  |
| --- | --- |
| **If you are working…**  Does your employer know that you’re a Carer? |  |
| Do you feel supported as a working Carer? |  |
| Do you know your rights as a working Carer? |  |
| **If you are not working at the moment …**  Would you like help to find work? |  |
| **Is there any training that could help you with your caring role?** | |
|  | |

**INVOLVED IN PLANNING AND SHAPING SERVICES**

Are there staff involved with the person you care for? If so, who?

Name:      \_\_\_\_\_\_\_\_\_\_\_ Job Title/Organisation:     \_\_\_\_\_\_\_

Do you feel involved by staff in the planning and care of the person you look after?

If yes, in what way?      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, in what way?      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| What are your thoughts on the level and amount of support you are providing? |
|  |

Do you have plans in place to ensure the person you care for is looked after in the event of a short term emergency?

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Do you have plans in place to ensure the person you care for is looked after should you be no longer able to care for them?

     

|  |  |  |
| --- | --- | --- |
|  | **Do you have this in place?** | **Would you like information?** |
| Appointeeship |  |  |
| Power of Attorney |  |  |
| Guardianship |  |  |

Would you like an appointment with a Carer Support Worker to discuss our services and your Carers Self Assessment? Yes  No

**Equal Opportunities Monitoring Form**

**All questions are voluntary**

1. Gender:

* Male  Female  Prefer not to say

Intersex  Non-Binary  Other

1. Disability:

* Disabled  Not disabled  Prefer not to say

1. Ethnic background:

White

* + English/Scottish/Welsh/Northern Irish/UK
  + Irish
  + Gypsy or Irish Traveller
  + Any other White background

Mixed ethnic background

* Mixed ethnic background

Asian/Asian UK

* Indian
* Pakistani
* Bangladeshi
* Chinese
* Any other Asian background

Black/ African/ Caribbean/ Black UK

* African
* Caribbean
* Any other Black/ African/ Caribbean background

Other ethnic group

* Arab
* Any other ethnic group
* Prefer not to say

1. Age:
   * 0 – 24  65+
   * 25 – 64  Prefer not to say
2. Religion or belief:

* No religion  Hindu
* Christian  Jewish
* Buddhist  Sikh
* Muslim  Prefer not to say
* Other religion

1. Sexual orientation:

* Heterosexual  Gay  Lesbian
* Bisexual  Prefer not to say