



Do you help to look after or care for someone?

The following questions are designed to help you think about your caring experience and the support you might need to make your life a little easier or help you make more time for you and the things you enjoy.

Please feel free to make notes or use the form in the way that is best for you.

What will happen to your information?

This is your Information. It is your way to tell an adult who you trust, about your caring experience.

This will help you and the adult to find ways to make your life and your caring experience a bit easier.

Our agreement

Adult helping you to complete this agreement

- I will make sure you get a copy.
- If you agree, I will share your information with your family or with individuals at your request.
- I will let you know who I share this with, unless I am worried about your safety.
- I will make sure your information is stored securely.
- Some details which you give might be used for monitoring purposes, such as the Scottish Government.
This is how we check that we are working with everyone we should and in the way we should.

Sign and print name: _____ Date: _____

You

- I will get a copy of my statement to keep.
- I know, that if I agree, my information might be shared with other people who can help me and my family so that I don't have to explain it all over again.
- I understand what the adult supporting me might do with my information.

I am happy/not happy for you to share my information with:

School nurse Health and social care professionals Class teacher Young carers service Family

Other (please specify).....

Signed and print name: _____ Date: _____

Named Person/Lead Professional agreeing this Information _____ Date: _____

Information about me

My name:

My date of birth:

My gender:

My ethnicity: White – Scottish etc

My address:

.....

.....

My contact details

My school:

Gp surgery (if known).....

The best way to get in touch with me is:

Please tell us if you need any help with communicating (*e.g. do you need an interpreter, braille, sign language, larger print*)

.....

.....

About my role as a young carer:

The person I care for is my... Parent/s Grandparents Other family members

Friends/neighbours

I help them with...

Medication Personal Care Shopping, cleaning & domestic tasks

Transport Supervision/emotional support Financial Support

Other (Please specify)

Length of time I have been a young carer

Less than one year 1–4 years 5–9 years 10–19 years 20 years or more Not known

Number of hours that I am a young carer each week

Up to 4 hours 5–19 hours 20–34 hours 35–49 hours 50+ hours Not known

Do you live with the person you care for?  Yes  No

Do you have any questions about your cared-for-person's condition?  Yes  No

Caring

Tell us what you do before school/college/university or work, and after school/college/university or work and on your evenings and weekends to help in your caring role. What kind of things do you usually do to help? (e.g. cooking, cleaning, help with medicine, shopping, helping younger brothers or sisters, keeping an eye on the person you help, helping them to relax, cheering them up)



Write on me	Physical	Emotional
Think about the things that you like helping with. Think about the things you don't like or are difficult.	Like	Things you would like to change


Time for me

<p>Write on me</p> <p>What do you like to do for fun?</p> <p>How often do you do these things?</p> <p>Is there anything you would like to do more of?</p>	<p>With my friends or family I enjoy ...</p>	<p>The things I enjoy for myself are ...</p>
	<p>Things I would like the opportunity to do, but can't due of my caring responsibilities ...</p>	

School/College/University/Work/Home

<p>Write on me</p>	<p>Does your caring role affect school/college/university/work/home life in any way?</p> <p>  </p> <p>Yes Sometimes No</p> <p><i>If yes, please tell us what things are positive or negative and what things might help you?</i></p>	<p>Does your caring role affect you?</p> <p>  </p> <p>Yes Sometimes No</p> <p><i>If yes, please tell us what things are positive or negative and what things might help you?</i></p>
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Does your teacher(s)/other school staff/supervisor know about your caring role?  Yes  No

Are you happy for your teacher(s)/other school staff/supervisor to know you are a carer?  Yes  No

My life

Tick the one that describes me	Do you feel confident in and outside of school/college/university/home/work?			
	very confident	quite confident	not very confident	not confident at all
	Overall in your life just now, how happy do you feel?			
	very happy	quite happy	quite unhappy	very unhappy
	Overall in your life just now, how safe do you feel?			
	very safe	quite safe	quite unsafe	very unsafe
	How healthy do you feel at the moment?			
	very healthy	quite healthy	quite unhealthy	very unhealthy
	How is your relationship with the person you care for?			
	very positive	quite positive	quite negative	very negative

My voice

Tick the one that describes me

Do people listen to what you are saying about your caring experience?



.....
.....
(If no, can you tell us who you think is not listening (e.g. parents, teachers, friends, professionals, other)

Are you included in important decisions about you and your life?



.....
.....
(If no, can you tell us what you think would help to get your opinion heard or feel included?)




Are you included in decisions about how you provide care?



.....
.....
(If no, can you tell us what you think would help to include you?)

Who do you talk to about your caring experience?

My support

Write on me	Below are some things that would make a difference to my life, help with my caring and make me feel better			
	Do you have time away from your caring responsibilities?			
	 Yes	 Sometimes	 No	
	<i>(If no, what would a time-out look like, and what would you do?)</i>			
If you need to see a health professional (i.e. doctor/dentist) how easy is it to do this?				
very easy	easy	difficult	impossible	

Important things to do, if I can no longer care or help

(e.g. think of the things that someone else would need to know, need to do, who they would contact to help and any useful contact details)

EMERGENCY PLAN

In an unexpected emergency, what would your plan look like to meet your daily caring responsibilities?

What are the practical arrangements for short-term, unplanned circumstances that would need to be put in place?

Who to contact:

How to contact them:

What to do and how:

THE FUTURE

Future planning is about longer-term plans for the person you care for, when you are no longer able to care. Future plans are more in-depth than emergency plans. The carer, cared-for person and all other relevant family members or friends should be involved in this plan. The wishes and preferences of the carer and the cared-for person should be taken into account.

Some things to consider include, but are not limited to, current care and future care, living arrangements, practical, legal and financial provision including Power of Attorney, guardianship, wills and trusts (if relevant).

Who to contact:

How to contact them:

What to do and how:

My support ... how are we going to do this?

What do you need help with?	Who might be able to help?	How could they help?	Timescales

Information completed on:..... by.....

My information will be reviewed on: by.....

Where can I ask for help, advice or support?

- Unity North Ayrshire Carers Centre (01294 311333) or northayrshire.carers@unity-enterprise.com
- North Ayrshire Health and Social Care Partnership (www.nahscp.org/contact-us)
- North Ayrshire Carers Appreciation Card (www.nahscp.org/support-for-carers/carers-appreciation-card)
- Carena (www.carena.org.uk)
- Young Scot (young.scot/young-carers)
- Carers UK (www.carersuk.org/scotland)
- NHS Direct on 111

Only in the event of an emergency contact Police, Fire or Ambulance on 999

PLEASE DO NOT LOSE ME!

Office use only

Source of referral:

Date Young Carers Statement requested/offered:

Statement completed: Statement declined:

Young carers CareFirst number (if known):

Young carers CHI number (if known):

Cared for person

Name:

Address (if not same as above):

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Gender:

Age:

Ethnic group:

CareFirst number (if known):