

# my

name is



and i'm a young carer

my home



Date of Birth:

My School

Age started caring

Hours caring per week

Identity Number (Office Use)

I Look after

- |                                      |                                 |
|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Mum         | <input type="checkbox"/> Dad    |
| <input type="checkbox"/> Brother     | <input type="checkbox"/> Sister |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Other  |

How do I care

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Stay in      | <input type="checkbox"/> Listening     |
| <input type="checkbox"/> Extra Chores | <input type="checkbox"/> Personal Care |
| <input type="checkbox"/> Translation  | <input type="checkbox"/> Other         |

I'm NOT just a carer

(write or draw about something you like or interested in)

Is there anything else you want to tell us?



Am I the main carer?

- Yes  No

Who else lives at home?

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What services are involved with me and my family?

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**1**

**Does anyone help me to care?**

**4**

**What would I like to change for me or my family**

**IDEAS:** to meet people to take a break - a holiday, time for myself, more choices.

**2**

**What help would I like with caring?**

**5**

**I can usually take part in...**

**IDEAS:** Things my friends do, school activities, social life

**3**

**Has anything in my family changed recently**

**(someones health or help they need)**

**6**

**Sometimes I miss out on...**

# my school



1

What's my attendance and timekeeping like at school?

Am I achieving at school?

2

How do I get to school?



3

Do I attend after school groups?

NO  YES

If 'yes', what for?

4

Do I manage to do any homework?

NO  YES

5

Does school know about my caring role?

NO  YES

Would I like an adult at school to know more about my caring role?

NO  YES

If yes, who?

How does school help?

Do I have friends at school or outside school?

NO  YES

# my health



1

My physical health is...

2

My emotional health is...

3

My mental health is...

4

My social life is...

5

Do I ever wake up or get up at night to help?

NO

YES

If 'yes', how often?

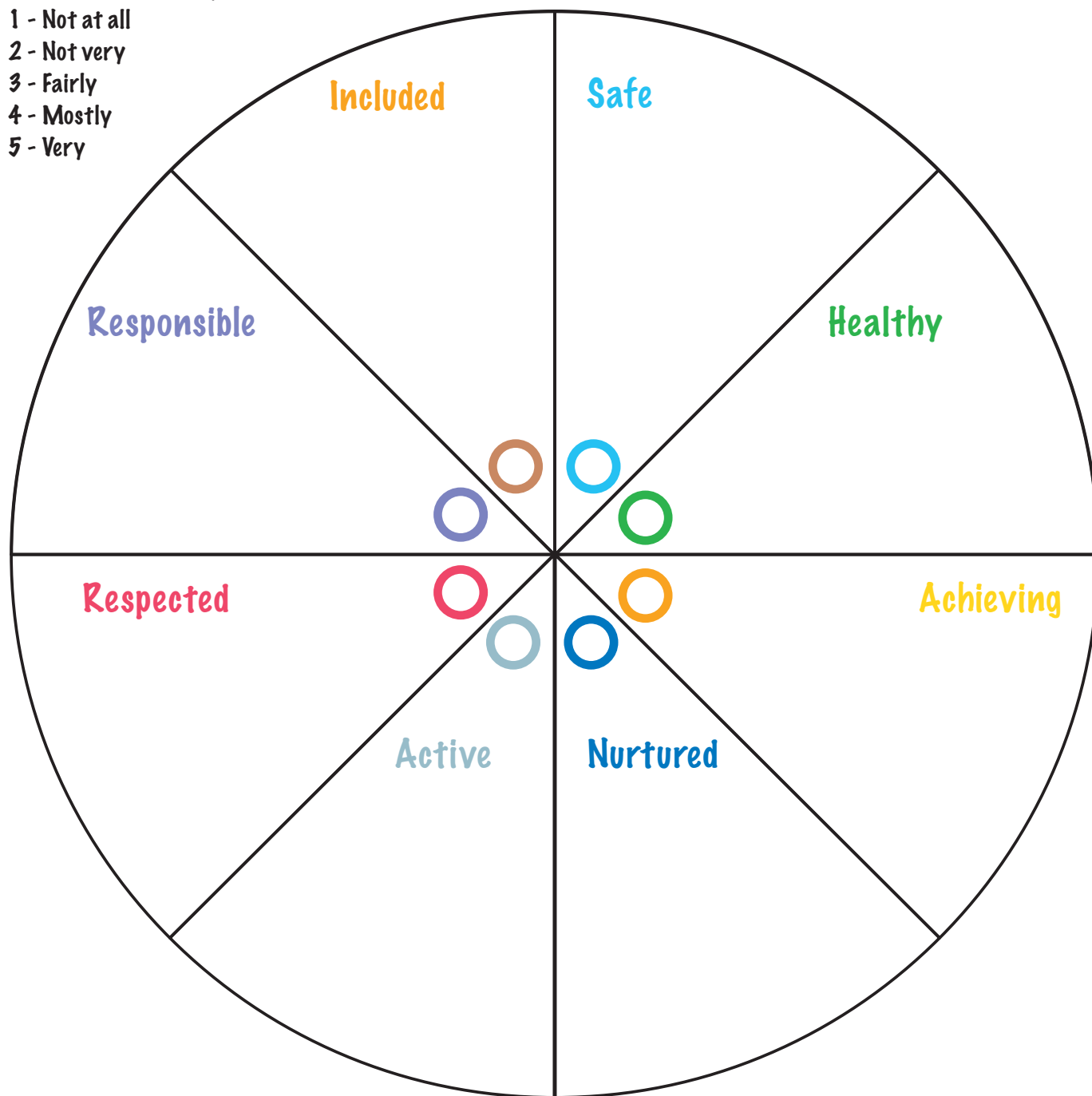
6

Does anything worry you?

# Wellbeing Wheel

Below is a well being wheel, it has eight indicators and under each indicator is a definition. Rate how you feel from 1 to 5.

- 1 - Not at all
- 2 - Not very
- 3 - Fairly
- 4 - Mostly
- 5 - Very



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# my plan ahead



## Question 1

Do I have family close by  Yes  No

## Question 2

Do they help out?  Yes  No

## Question 3

If yes, who?

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My aspirations for my life beyond caring are:

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Emergency planning:

- I need to be contacted quickly if something happens to the cared for person.
- It must be acknowledged that I may hold important information needed.
- I might need someone to look after my wellbeing.
- I must be involved in planning for the cared - for person, if appropriate

From time to time I may need:

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Anything else I would like people to know:

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Recommended actions:

1

2

3

Date:

Date of review:

Young Carer Signature

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# Young Carer Statement

