

Blank: Chronology

Personal details

Name

.....

Address

.....

Telephone

.....

Email

.....

Gender

.....

Date of birth

Age

.....

Ethnicity

.....

First language

.....

Religion

.....

GP

.....

Chronology completed by

Name.....

Role.....

Organisation.....

Date chronology completed:

Date shared with person:



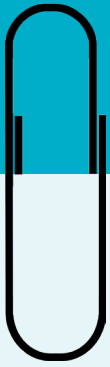
Blank: One page profile

What others like and admire about me

What is important to me

Name

How best to support me



Blank: Ecogram

This depicts the important relationships, resources and systems in a person's life, not simply those connected with their family.

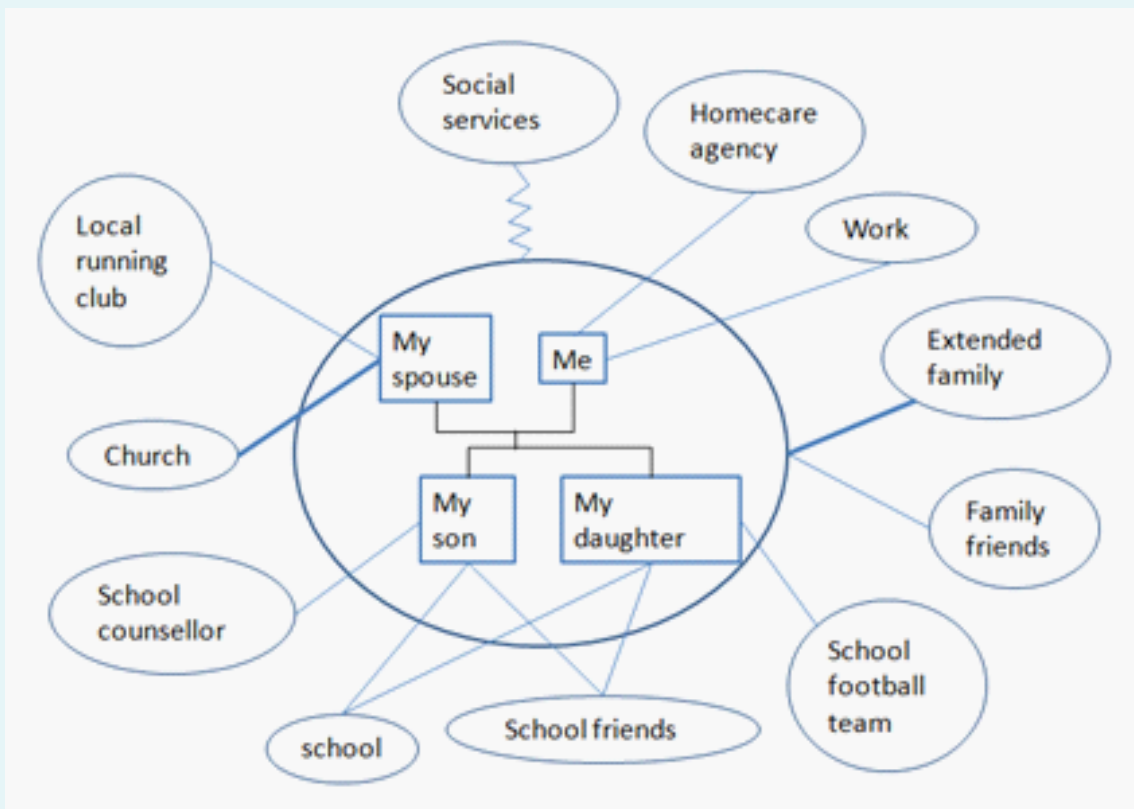
Start by writing the person's name at the centre of a piece of paper. If you are considering them as a family or household, you might want to draw a miniature family tree in the central circle, but make sure each person's name is given in a separate circle.

Now ask the people in the household about outside systems which may affect or support them. For example, this might include extended family, friends, workplaces, religious organisations, social services, other welfare agencies, medical professionals, and so on.

Draw these systems in circles outside of the family circle.

Now connect these other circles either to the family circle as a whole (if they affect/support everybody) or to the particular member of the household.

You can use different connectors for different types of relationships. For example, a zig-zagging line is often used to depict a relationship where there is conflict, a dashed line to depict a tenuous relationship strong lines or multiple lines to depict strong connections, and so on. You can use a short line cutting across these connectors to show that a connection has been cut off.





Blank: Carers Assessment

About me

Name

Address

Telephone

Email

Gender

Date of birth

Age

Ethnicity

First language

Religion

GP

How would you like us to contact you?

Do you need any support with communication?



Blank: Carers Assessment continued

About the person/ people I care for

My relationship to this person

Name

Address

Telephone

Email

Gender

Date of birth

Age

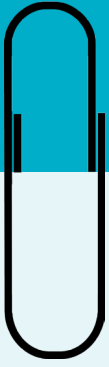
Ethnicity

First language

Religion

GP

Please tell us about any existing support the person you care for already has in place. This could be home care, visits or support from a community, district or community psychiatric nurse, attending any community groups or day centres, attending any training or adult learning courses, or support from friends and neighbours.



Blank: Carers Assessment continued

The things I do as a carer to give support

Please use the space below to tell us about the things you do as a carer (including the emotional and practical support you provide such as personal care, preparing meals, supporting the person you care for to stay safe, motivating and re-assuring them, dealing with their medication and / or their finances).



Blank: **Carers Assessment continued**

How my caring role impacts on my life

Please use the space below to tell us about the impact your caring role has on your life.



Blank: Carers Assessment continued

What supports me as a carer?

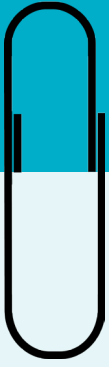
Please use the space below to tell us about what helps you in your caring role.



Blank: Carers Assessment continued

My feelings and choices about caring

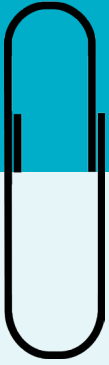
Please use the space below to tell us about how you are feeling and if you would like to change anything about your caring role and your life.



Blank: Carers Assessment continued

Information, advice and support

Let us know what advice or information you feel would help you and what sort of support you think would be beneficial to you in your caring role.



Blank: Carers Assessment continued

Conclusion

To be used by social care assessors to consider and record measures which can be taken to assist the carer with their caring role to reduce the significant impact of any needs. This should include networks of support, community services and the persons own strengths. To be eligible the carer must have significant difficulty achieving 1 or more outcomes without support; it is the assessors' professional judgement that unless this need is met there will be a significant impact on the carer's wellbeing. Social care funding will only be made available to meet eligible outcomes that cannot be met in any other way, i.e. social care funding is only available to meet unmet eligible needs

Date assessment completed

Social care assessor conclusion

Eligibility decision

What's happening next

Completed by.....

Name.....

Role.....

Organisation.....



Blank: Carers Assessment continued

Signing this form (for carer)

Please ensure you read the statement below in bold, then sign and date the form.

I understand that completing this form will lead to a computer record being made which will be treated confidentially. The council will hold this information for the purpose of providing information, advice and support to meet my needs. To be able to do this the information may be shared with relevant NHS Agencies and providers of carers' services. This will also help reduce the number of times I am asked for the same information.

If I have given details about someone else, I will make sure that they know about this.

I understand that the information I provide on this form will only be shared as allowed by the Data Protection Act.

Name.....

Signature.....



Blank: Support Plan

About me

Name

Address

Telephone

Email

Gender

Date of birth

Age

Ethnicity

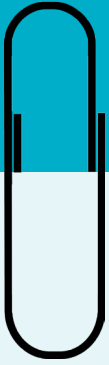
First language

Religion

GP

How would you like us to contact you?

Do you need any support with communication?



Blank: Support Plan continued

About the person/ people I care for

My relationship to this person

Name

Address

Telephone

Email

Gender

Date of birth

Age

Ethnicity

First language

Religion

GP

Support plan completed by

Name.....

Role.....

Organisation.....



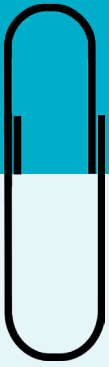
Blank: Support Plan continued

Support plan

| Needs | Outcomes | Actions |
|-------|----------|---------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Date of support plan:

This plan will be reviewed on:



Blank: Support Plan continued

Signing this form

Please ensure you read the statement below in bold, then sign and date the form.

I understand that completing this form will lead to a computer record being made which will be treated confidentially. The council will hold this information for the purpose of providing information, advice and support to meet my needs. To be able to do this the information may be shared with relevant NHS Agencies and providers of carers' services. This will also help reduce the number of times I am asked for the same information.

If I have given details about someone else, I will make sure that they know about this.

I understand that the information I provide on this form will only be shared as allowed by the Data Protection Act.

Name.....

Signature.....