



CARERS ASSESSMENT



This form can be completed by a Carer themselves or by a Care Manager with the Carer present. The information held on this form must be entered on the electronic information recording system as soon as possible.

Carer's Basic Details

NHS Number:		Social Care ID (SWIFT):		National Insurance Number:		
Title:	Surname:	First Name:		Other Names:		
Home Address:						
County:			Postcode:			
Tel: (Home)		Tel: (Mobile)		Email:		
DOB:		Gender:		Marital Status:		
What is your Work Address (if appropriate):						
County:			Postcode:			
Lives alone:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Language/communication used:			
Race / Ethnic Origin:		Nationality:		Religion:		
Hearing Impairment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Interpreter / Assistance required:			
Speech Impairment	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Visual Impairment	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
GPs Name:			Surgery:			
Address:						
County:			Postcode:			
Tel:		Fax:		Email:		
Is the person/s you care for a client of Social Care?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES what is/are their:						
Name:			SWIFT ID:			
Name:			SWIFT ID:			
Name:			SWIFT ID:			
Name:			SWIFT ID:			

Carer Circumstances

What is your relationship to the person you care for?					
How long have you been a carer?					
Are there other household members including children?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't wish to say <input type="checkbox"/>	
If YES Please provide details					
Are any of these people also carers?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't wish to say <input type="checkbox"/>	
If YES Please provide detail					
Do you care for more than one person?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	I would like another assessment <input type="checkbox"/>	
If YES Please provide details					
What are your other commitments?		Paid Work <input type="checkbox"/>		Family <input type="checkbox"/>	
		Study/training <input type="checkbox"/>		Voluntary Work <input type="checkbox"/>	
		Other (please specify) <input type="checkbox"/>			



Carer Circumstances (cont)			
Can you drive a car?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Do you have your own transport?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If YES what?			
Is the transport adapted for the cared for person's use?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Do you have any mobility problems?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If YES please describe			
Emergency/Alternative arrangements			
Access to information/advocacy			

The Caring Role	
Practical Tasks (see guidance notes page 2)	
Personal Tasks (see guidance notes page 2)	

The Caring Role (cont)**Mobility Support** (see guidance notes page 2)**Transport** (see guidance notes page 2)**Health Support** (see guidance notes page 2)**Communication** (see guidance notes page 2)**Relationship with the person you care for** (see guidance notes page 2)

The Caring Role (cont)

Emotional Support (see guidance notes page 2)

Dealing with difficult behaviour (see guidance notes page 2)

General Supervision (see guidance notes page 2)

How Does Caring Affect Your Life?

Since becoming a carer how has your life been affected?

Roughly how much of your time is taken up in a caring role per week? | 1-19hrs | 20-49hrs | 50+

The Help You Get

If you or the person you care for currently get help from anyone, please explain further:

Is there enough support and/or are you happy with receiving support?

What help would you as carer like/find most effective?



Outcomes – Action Required and by Whom

What outcomes have been identified?

(Give brief details under each appropriate heading)

Breaks for Carers (see guidance notes page 4)

Note: Include referrals to other organisations funded by B.C.C.

Carers Services (see guidance notes page 4)

Note: Include referrals to other organisations funded by B.C.C.

Information and advice to Carer (see guidance notes page 4)

Note: Include referrals to other organisations funded by B.C.C.

Cared for person refused assessment:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

Data Protection

Has the client agreed that the information on this form can be shared with other professionals involved in providing any care that may result from this assessment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

If **NO**, please give reason:

About the Assessor

Name of person (assessor) completing this form (Please print):

Assessor ID:	Assessor Signature:
Position/Job Title:	Team and Location:

Telephone:	E: Mail:	Date:	Time:
------------	----------	-------	-------

Agreements

Carers signature:

Date:

Or Chosen representative:

Date: