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CARER'S SELFE ASSESSMENT FORM

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Introduction

If you are supporting a friend, neighbour, wife, husband, partner, child (who has additional needs) or other relative and your caring role is having an impact on your day to day life, you may be eligible for support.

Looking after someone can mean helping a person with practical tasks such as shopping, cleaning, getting washed and dressed, supporting them with everyday activities or providing emotional support.

If you provide regular unpaid care to someone, who without your help could not manage, then you are a carer and are entitled to a carer's assessment.

What happens next?

We will contact you to discuss your needs and assess what services may be available to support you.

When completed, please return this form to:

Portsmouth Carers Centre
117 Orchard Road
Southsea
PO4 0AD

Email: carerscentre@portsmouthcc.gov.uk

Telephone: **023 9285 1864**

Please contact us if you require any assistance.

Carer's details	
Full name:	
Date of birth:	
Address:	Post code:
	Tel. no:
	Email:
Your relationship to the person you care for:	
GP name:	GP address:

How information about you will be used	
We would like to send you news and information relating to Portsmouth City Council services and events, by post, telephone, email and SMS. If you agree to being contacted in this way, please tick the relevant boxes:	
Post <input type="checkbox"/>	Telephone <input type="checkbox"/>
Email <input type="checkbox"/>	SMS <input type="checkbox"/>

Portsmouth City Council will process your personal information in accordance with the Data Protection Act 1988. The personal details provided by you will be held on a database and were the law allows, may be shared with other departments within the council to update the details they hold about you.

The council may also be required to disclose personal information to other Local Authority departments and third parties (such as police,

Audit Commission or Department for Work and Pensions) for the purposes of preventing or detecting crime, fraud or apprehending or prosecuting offenders.

Details of person being cared for

Full name:

Date of birth:

Address:

Post code:

We will not contact the person you care for without your prior permission.

		Do you need support due to any condition/issue below?	Do they need support due to any condition/issue below?
Physical support	Access and mobility		
	Personal care		
Sensory support	Visual impairment		
	Hearing impairment		
	Dual impairment		
Memory and cognition (awareness, perception, reasoning and judgment)			
Learning disability			
Asperger's Syndrome/High Functioning Autism			
Mental health			
Social support	Substance misuse		
	Social isolation		
Asylum seeker			
Do you have any other illness/disability not listed e.g. physical frailty, diabetes, angina, etc.			
Do they have any other illness/disability not listed e.g. physical frailty, diabetes, angina etc.			

This form is the first part of the carers assessment process that gives you the opportunity to tell us what impact caring has on you. Further information will be gathered to enable us to support you in your caring role.

Please tell us about the support you provide:

What is the longest period you feel happy leaving the person you care for alone?

	Yes	No
Do you live with the person you support?		
Are you willing and able to continue the support you provide?		
Does your caring role impact on caring for others?		
Do you have any children/adults that are dependent on you?		
Does your caring role impact on your physical/mental health and wellbeing?		
Does your caring role make it difficult to maintain contact with other people?		
Does your caring role impact on your ability to have a life of your own?		
Does your caring role impact on your ability to maintain your home environment?		
Does your caring role impact on your involvement in work, training, education or volunteering?		

Training

There are number of training courses available to support carers in their caring role including moving and handling, first aid to condition specific for example: dementia, autism, mental health. There are also other courses available.

If you are interested in training, please list in the box below the relevant subjects:

Please tell us where you got this form (please tick one):

Adult Social Care	<input type="checkbox"/>	Older Persons Mental Health	<input type="checkbox"/>
Children and Families Team	<input type="checkbox"/>	Hospital other health service	<input type="checkbox"/>
Learning Disabilities Team	<input type="checkbox"/>	Portsmouth City Council	<input type="checkbox"/>
Occupational Therapist	<input type="checkbox"/>	Community location	<input type="checkbox"/>
Carers Centre	<input type="checkbox"/>	Other organisation	<input type="checkbox"/>
Adult Mental Health	<input type="checkbox"/>	Other	<input type="checkbox"/>

Young carers

Are there any young carers (under the age of 18) who may be affected by the caring role within the home? They may look after someone in their family who has an illness, a disability, a mental health problem or a substance misuse problem.

Young carers often worry about the person they care for, may take on extra responsibilities or may miss out on opportunities outside of the home.

Young carers groups run regularly in Portsmouth; extra support is also available for young carers in school.

	Yes	No
Are there any young carers (under the age of 18)?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like a young carer's worker to contact you to discuss support that can be offered to the young person?	<input type="checkbox"/>	<input type="checkbox"/>

If the answer above is "yes" and you do not have parent/carer responsibility for the young person, you should discuss this with the person who does have parent/carer responsibility before submitting this form.

Only complete name/address/date of birth details of young carer if you have parent/ carer responsibility.

Young carer's details	
Full name:	
Date of birth:	
Address:	Post code:
	Tel. no:
	Email:

If there is more than one young carer, please write their details on a separate sheet and include with this form.

Equality and diversity monitoring information

How would you describe yourself?

Male		Female	
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What age group do you fit into?

0-15	16-24	25-34	35-44	
45-54	55-64	65-74	75+	

Do you consider that you have a disability under the Equality Act 2010 definition?

Yes	No		
Vision	Mobility	Hearing	Other:

Which of the following ethnic groups do you belong to?

White – English, Welsh, Scottish, Northern Irish British	White – Irish	
White – Gypsy or Irish Traveller	White – Any other White background	
Mixed/multiple ethnic groups – White and Black Caribbean	Mixed/multiple ethnic groups – White and Black African	
Mixed/multiple ethnic groups – White and Asian	Mixed/multiple ethnic groups – Any other mixed/multiple ethnic background	
Asian/Asian British – Indian	Asian/Asian British – Pakistani	
Asian/Asian British – Bangladeshi	Asian/Asian British – Chinese	
Asian/Asian British – Any other Asian background	Black/African/Caribbean/Black British – African	
Black/African/Caribbean/Black British – Caribbean	Black/African/Caribbean/Black British – Any other Black/African/Caribbean background	
Other ethnic group – Arab	Other ethnic group – Other	
No data – Refused	No Data – Undeclared/Not Known	



You can get this information in large print, Braille, audio or in another language by calling 023 9285 1864