**Adult Carer’s Self-Appraisal**

This is for private use and will only be read by staff if you choose to submit it to the County Council Adults’ CarePoint (details at the end of the form). This appraisal is **not** about money – it has been designed to help people who are Adult Carers think about their personal circumstances in a structured way. It can be saved for self-service or may be useful when contacting the County Council.

***Tip: use the “TAB” key or the arrows to move within the form.***

**Name:**

Have you had help to complete this form?  Yes/No

If yes, please make a note of the person who has helped you:

Name:

Role:

Organisation (if relevant):

Are you registered as a carer with a GP?  Yes/No

Name of cared for person:

**People have individual lifestyles and circumstances, so you may want to think about your own situation at the start of the self-appraisal – this might help ensure a personalised approach in developing your support:**

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| Start by making a brief statement about you as a person - your interests/ hobbies, strengths/weaknesses etc, what you are good at, and who/what is most important to you in your daily life: |
| Now make a brief statement about your health, disabilities and any medication you are taking: |

**When completing the self-appraisal it can be helpful to think about how things currently work, before you think about what needs to change (often small changes like a new piece of equipment or help to find and join a local group, can make a big difference to people’s quality of life, rather than making big changes which need time to adjust to). When thinking about your situation you may want to use the website to help you find out more about your options:** [**www.westsussexconnecttosupport.org**](http://www.westsussexconnecttosupport.org)

***Tip: it may be helpful to read the document through first as it is divided into sections.***

**Regular and Substantial Carer’s Support**

**It can be helpful to think about the amount of time you are supporting the cared for person, including how often (daily, weekly etc) and for approximately how long each time (15 mins, 1 hour etc). This is useful as a rough guide.**

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| What do you do? | How often? | How long does it take? |
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**Please consider any difficulties you have in the following areas of daily living, due to your caring role. Some may not apply to you, so just say “none”, and focus on what is relevant to your situation - some may just be occasional – if so make a note of about how often (weekly, monthly, twice a year etc):**

**2.1 Training and Practical Advice -** including first aid, lifting and handling, managing conditions and behaviour, medication, understanding dietary requirements, feeding.

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| My difficulties:    How does the current unpaid network of support for the cared for person help you?    What equipment helps you?    What paid help is involved in the caring, that also helps you in this area of your life?    What needs to change?    What is the outcome you want? |

**2.2 Staying active and healthy** – exercise, diet, stopping smoking, reducing alcohol intake, health check-ups.

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| My difficulties:    How does the current unpaid network of support for the cared for person help you?    What equipment helps you?    What paid help is involved in the caring, that also helps you in this area of your life?    What needs to change?    What is the outcome you want? |

**2.3 Emotional Well-Being –** including peer support, support groups, counselling.

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| My difficulties:    How does the current unpaid network of support for the cared for person help you?    What equipment helps you?    What paid help is involved in the caring, that also helps you in this area of your life?    What needs to change?    What is the outcome you want? |

**2.4 Social life** - being able to communicate with people you know and meeting new people (socialising) with others, going shopping, visiting places of interest and worship.

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| My difficulties:    How does the current unpaid network of support for the cared for person help you?    What equipment helps you?    What paid help is involved in the caring, that also helps you in this area of your life?    What needs to change?    What is the outcome you want? |

**2.5 Employment** – paid or voluntary work or education

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| My difficulties:    How does the current unpaid network of support for the cared for person help you?    What equipment helps you?    What paid help is involved in the caring, that also helps you in this area of your life?    What needs to change?    What is the outcome you want? |

**2.6 Having a Back-up Plan –** what happens if you are unwell, or unable to care for a while?

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| My difficulties:    How does the current unpaid network of support for the cared for person help you?    What equipment helps you?    What paid help is involved in the caring, that also helps you in this area of your life?    What needs to change?    What is the outcome you want? |

**2.7 Keeping safe -** being safe at home and when out - think about any risks arising from your caring role.

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| My difficulties:    How does the current unpaid network of support for the cared for person help you?    What equipment helps you?    What paid help is involved in the caring, that also helps you in this area of your life?    What needs to change?    What is the outcome you want? |

**2.8 Being a parent -** being able to carry out your role and responsibilities as a parent. Please only complete this section if you have children or dependents under the age of 18.

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| My difficulties:    How does the current unpaid network of support for the cared for help you?    What equipment helps you?    What paid help is involved in the caring, that also helps you in this area of your life?    What needs to change?    What is the outcome you want? |

Are there any other areas of difficulty in your daily living due to your caring role?

**Date Carer’s self-appraisal completed:** **/****/**(dd/mm/yyyy)

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**Self-referral to the County Council Adults’ CarePoint**

If you would like to refer to Adults’ CarePoint for help, please continue and complete the form below. Information will be stored in a database and you will be contacted as soon as possible. Urgent cases are prioritised and staff will do their best to contact you by the end of the next working day.

**Date referral submitted:   /  /** (dd/mm/yyyy)

**About myself/the carer needing support:**

|  |  |  |  |
| --- | --- | --- | --- |
| Title: | (Dr/Mr/Mrs/Miss/Ms) | | |
| Surname: |  | | |
| First name: |  | | |
| How do you like to be called? |  | | |
| Date of Birth: | /  /     (dd/mm/yyyy) | Age: |  |
| Gender |  | | |
| Current address: |  | | |
| Post code: |  | | |
| Home telephone number: |  | | |
| Mobile telephone number: |  | | |
| Email Address |  | | |
| NHS number if known |  | | |
| Self-Appraisal completed:  (Yes/No) | | | | |

**Contact detail**

**Please tell us how you, prefer to be contacted:**

Telephone number:

Email address:

And if there are preferred times for contact (Mon – Fri: 9am – 5pm)

Monday      am      pm

Tuesday      am      pm

Wednesday      am      pm

Thursday      am      pm

Friday      am      pm

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| 🔒 **The information contained in this form will be processed in accordance with the provisions of the Data Protection Act 1998** |

Please save this document to your computer, and then attach the completed form to an email and submit to the **Adults’ CarePoint:** [socialcare@westsussex.gov.uk](mailto:socialcare@westsussex.gov.uk)

Or

Complete the form, print and post to **Adults’ CarePoint:** West Sussex County Council, 2nd Floor The Grange, County Hall, Chichester, PO19 1RG