



CARER PROFILE

For the purpose of updating our records, we would appreciate a little of your time to provide us with the following information, which will help us to improve services for you.

This information will be used to compile and maintain a register of carers in the Borough of Wigan. The information provided by you on this profile, is confidential.

Change of circumstances

If you are no longer a carer please tick here
Please remember to fill in your name and address on the next page so that we can update our records

Would you like to receive the Carers Newsletter?

- Yes
 No

(This contains latest news on trips, holidays, support groups and a variety of information for carers)

Do you wish to be included on our carer register?

- Yes
 No

Please turn over to continue.....

Updated July 2006

About you, the carer.

Your name_____

Your address_____

_____Postcode_____

Date of Birth _____ Sex _____

Tel No _____ GP _____

Your relationship to the cared for person_____

Your Ethnicity (please tick one box only):

White

- British
- Irish
- Other (say which)_____

Black or Black British

- Caribbean
- African
- Other (say which)_____

Mixed

- White and Black Caribbean
- White and Black
- White and Asian
- Other (say which)_____

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Other (say which)_____

Chinese or other ethnic group

- Chinese
- Other (say which)

About the person you care for.

Their name _____

Their address _____

_____ Postcode _____

Their date of birth _____ Sex _____

Their phone number _____

Their doctor's name _____

Nature of illness _____

About your role as a carer.

Your role as a carer is important and unique. It will be helpful to us if you could give details of what your caring role involves.

Do other relatives or friends help you care?

Yes

No

What sort of help do you provide as a carer?

Please tick all that applies

Shopping

Housework

Preparing meals

Dealing with finances

Help with washing or bathing

Help with medicines or treatment

Laundry

Getting in and out of bed

- Getting dressed
- Using the toilet
- Help at night
- Attending doctors appointments or reviews
- Offering emotional support
- Managing social life
- Interpreting / translation
- Help with official correspondence
- Other (say what) _____

About your life.

Do you, or the person you care for, get any help at the moment from:

	You	The person You care for
Social Services	<input type="checkbox"/>	<input type="checkbox"/>
Community Mental health team	<input type="checkbox"/>	<input type="checkbox"/>
Carer's support team	<input type="checkbox"/>	<input type="checkbox"/>
District Nurse	<input type="checkbox"/>	<input type="checkbox"/>
Health Visitor	<input type="checkbox"/>	<input type="checkbox"/>
Home Care	<input type="checkbox"/>	<input type="checkbox"/>
Community Meals	<input type="checkbox"/>	<input type="checkbox"/>
Volunteers	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disabilities services	<input type="checkbox"/>	<input type="checkbox"/>
Other (say who)	<input type="checkbox"/>	<input type="checkbox"/>

As well as caring, what other responsibilities do you have?

- Children
- Other family
- Job
- School

- Further education
- Other (say what) _____

Are you in paid employment?

- Full or part time
- Retired
- Unemployed
- Other

If you are unemployed, are you interested in returning to work?

- Yes
- No

Breaks and well-being.

Have you any concerns about your own safety, or the safety of the person you care for?

- Yes (Please give details below)
- No

Have you any concerns of your own?

- Yes (please give details below)
- No

How many hours a week do you spend caring?

- 0 – 4 5 – 9 10 – 19
 20 – 34 35 – 49 50+

Are you able to take a break from caring?

- Yes
 No

Have you accessed a ‘One Off’ Carer Break?

- Yes
 No

If yes, where and when (approx)?

Have you heard of the Carers Grant?

- Yes
 No

If you would like further information on the grant please tick here

Have you received a payment from the grant?

- Yes
 No

Have you been offered a carers assessment in your own right?

- Yes
 No

If No, would you like to be offered a carers assessment?

- Yes
- No

If yes, what was the result?

Have you registered with your GP as a carer? (The purpose of this is to compile a carers register, so that we can work towards improving services for carers and provide them with support and up to date relevant information)

- Yes
- No

Optional. If No, would you complete the enclosed (“Are you a carer?” card and return it to the freepost address on the back?) We will then register you as a carer at your GP practice. ***Please remember to sign the card before returning it.***

Please describe the problems you have as a carer

Has your doctor offered you a Health Check

- Yes
- No

What extra support would improve your quality of life?

- More information about the illness of the person you care for
- Information about their medication, the benefits and the side-effects
- Being fully involved in their treatment
- Knowing who to contact in a crisis
- Knowing what support is available in the community for you and the person you care for
- Other (say what) _____

Do you think you would benefit from training?

- Yes (please say below what training would benefit you)

No

- | | |
|--|--|
| <input type="checkbox"/> Speech and Language Therapy (Learning disabilities) | |
| <input type="checkbox"/> Speech and Language Therapy (Stroke) | |
| <input type="checkbox"/> Speech and Language therapy (Children's) | |
| <input type="checkbox"/> Postural support and care | |
| <input type="checkbox"/> Medication Awareness | <input type="checkbox"/> Carers Career Days |
| <input type="checkbox"/> Eating & Drinking | <input type="checkbox"/> Manual Handling |
| <input type="checkbox"/> Eating & Drinking (stroke) | <input type="checkbox"/> Welfare Information? Benefits |
| <input type="checkbox"/> Eating & Drinking (Children's) | <input type="checkbox"/> Stress Management / anxiety |
| <input type="checkbox"/> Person centred thinking | <input type="checkbox"/> Befriending |
| <input type="checkbox"/> Confidence building / assertiveness | <input type="checkbox"/> Fire awareness training |
| <input type="checkbox"/> Managing difficult behaviour | <input type="checkbox"/> Coping mechanisms |
| <input type="checkbox"/> Mental Health awareness | <input type="checkbox"/> Safeguarding adults |
| <input type="checkbox"/> Medication and falls | <input type="checkbox"/> I.T. Training |
| <input type="checkbox"/> Wills / legal / transfer services | <input type="checkbox"/> Direct Payments |
| <input type="checkbox"/> Community / residential care | <input type="checkbox"/> First Aid / resuscitation |

Any other please state below.

What hours would be preferable or more convenient for training?(Please state) _____

Do you think you would benefit from Aromatherapy and relaxation sessions?

Yes No

Tick here, for your name to be referred on to the therapists at the Carers centre

Would you like a free, confidential benefit check to ensure that you are receiving your full entitlement?

Yes

No

Tick here, for your name to be passed to the appropriate agency

Would you like information on how to access the Carers Allowance?

Yes

No

Would you like a personal, free Home Fire Risk Assessment, which includes Free Smoke Alarms, and an escape plan in the event of Fire in your home?

Yes

No

Have your “say” as carers

Would you like to “have a say” in shaping things for carers in Wigan Borough?

Would you like to be involved in deciding how the Carers Grant Money is spent?

Would you like to be involved with groups that plan events and services for carers?

You can be involved a little or a lot. Expenses associated with your involvement will be reimbursed. You can attend a “taster meeting” to help you decide if you would like to become more involved. We will endeavour to support you if you wish to take an active role.

Yes

No

Please tick the appropriate box

Have you any other comments to make?

Thank you for your time in completing this profile

Please return this form to:

Carers Project worker, GP Liaison,
Carers Support Team, Hyndelle Lodge, King Street,
Hindley, Wigan, WN2 3AW

In the prepaid envelope provided

Phone: 01942 705976

Fax: -01942 828745

For office use only

Sent thanks for comp. profile	Info entered on database	Contact Box	Further action needed	Further action taken	Initials	Date

Date Received.....

Date Completed.....