



### Carers Self Assessment Form

This is a Carers Self Assessment form and it is suitable for use in the following ways:

- If you do not want to have a formal assessment carried out but would rather make your own assessment of your caring situation to forward to your Care Officer/Care Worker.
- If you feel that you do not need a formal assessment but would like to help us build a better picture of Carer Service demands in Moray so that we can continue to develop appropriate services.
- If you would just like to take stock of your caring role.

**If you need assistance completing this form please contact Pauline Knox, Carers Strategy & Development Officer on 01343 567186 or [pauline.knox@moray.gov.uk](mailto:pauline.knox@moray.gov.uk)**

INFORMATION CARER
Mr Mrs Miss Ms Other.....
Full Name
Address
Telephone
Date of Birth
Relationship

INFORMATION CARED FOR
Mr Mrs Miss Ms Other.....
Full Name
Address
Telephone
Date of Birth



<b>SUMMARY OF CARING SITUATION</b>	
Has the person you care for had an assessment of their needs?	<b>YES NO</b>
If Yes, when was this?	
And who conducted the assessment?	
If no, can you give reasons why not?	
Summary of cared-for person's situation (illness/disability/services etc.):	

<b>CARING RESPONSIBILITIES</b>	
What type of things do you have to do to help the person you care for? (Include personal, domestic and any other):	
How often do you provide the above? (try to estimate how many hours a week are spent providing care and how many of these are through the night):	
Does you have any of the following responsibilities:	
Appointee	<b>YES NO</b>
Guardian, Welfare	<b>YES NO</b>
Named Person	<b>YES NO</b>
Power of Attorney, Continuing Financial	<b>YES NO</b>
Guardian, Financial	<b>YES NO</b>
Guardian, Both	<b>YES NO</b>
Welfare	<b>YES NO</b>
Do you need support to manage any of the above responsibilities?	
	<b>YES NO</b>

If yes please give details:	
Have you received training to help you in your caring role?	<b>YES NO</b>
If yes please give details of the training and when you received it:	
If no, what training, if any, would help you carry out your caring role?	

<b>SUPPORT SERVICES</b>	
Are there any support services in place at the moment (for you or the person you care for) and if so please give details, e.g. what service and how often:	
Are you the only carer?	<b>YES NO</b>
If no please tell us who else provides care and how often:	
Are there any services/supports that you feel would help you carry out your caring role?	<b>YES NO</b>
If yes please give details:	

### HEALTH AND WELL-BEING

Does your caring role affect your physical, mental and emotional health and well-being? **YES NO**

If yes please give details:

What do you feel could be done to address this?

Does your health affect your ability to care? **YES NO**

If yes please give details:

What do you feel could be done to address this?

### A LIFE OF YOUR OWN

Is there an issue balancing caring with education, training and lifelong learning? **YES NO**

If yes please give details:

What do you feel could be done to address this?

Are caring issues affecting your ability to retain employment? **YES NO**

If yes please give details:

What do you feel could be done to address this?	
If not in paid employment are you interested in finding out more about employment opportunities?	<b>YES NO</b>
Is there an issue balancing caring with social life, leisure, religious/cultural activities? If yes please give details:	<b>YES NO</b>
What do you feel could be done to address this?	
Does your caring role impact on other responsibilities, for example, childcare/family? If yes please give details:	<b>YES NO</b>
Are there any relationships that impact on your caring role? If yes please give details:	<b>YES NO</b>
What do you feel could be done to address this?	
Does your caring role impact on your key relationships? If yes please give details:	<b>YES NO</b>

What do you feel could be done to address this?

**MONEY/FINANCE**

Do you have any problems with the level or management of finances?

**YES NO NOT DISCLOSED**

If yes please give details:

Would you like an income maximisation assessment?

**YES NO**

**SUPPORTING THE CARING ROLE**

Are there any measures in place for emergency or crisis planning? **YES NO**

If yes please give details:

If no what would need to be done if an emergency arose?

Are there any potential changes in the future which may affect your caring role?

**YES NO**

If yes please give details:

What do you feel could be done to address this?

What are your hopes and plans for the future?	
How do you feel about your caring role?	
Are you satisfied with your current services and support? If no please give details:	<b>YES NO</b>
Do you feel able to continue in your caring role? If no please give details:	<b>YES NO</b>
Do you feel satisfied with your involvement in the design of the person's care? If no please give details:	<b>YES NO</b>

<b>OTHER INFORMATION</b>
<p>Please use this box to tell us anything else in relation to your caring role that you think may be relevant or that you feel has not been highlighted elsewhere in the form.</p>

Do you want this Self Assessment to be considered for possible further assessment or allocation of services? <b>YES NO</b>
If yes please return to the <b>Carers Strategy &amp; Development Officer, Spynie Hospital, Duffus Road, Elgin, IV30 5PW</b> and you will be contacted within 14 days.
Do you want this Self Assessment to be used for information purposes only? <b>YES NO</b>
If yes please return to the <b>Carers Strategy &amp; Development Officer, Spynie Hospital, Duffus Road, Elgin, IV30 5PW</b> where it will be treated in the strictest confidence and used only for statistical information purposes to help us to improve local Carer Services.

Carers Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>For Official Use Only</b>				
Date Received	Date Recorded	Date Allocated	Assessment <b>Y/N</b>	Worker Initials