**ICOF Sandwell and West Birmingham CCG**

2016-2017

**Carer’s Pack**

**General Information for Carers**

**Halcyon Medical**

**INTRODUCTION**

1. ABOUT THIS PACK
   1. If you look after or provide unpaid help to someone who has a disability or mental illness, is frail or has a drug or alcohol related problem, you are a Carer. The support you provide may be emotional physical and/or practical.
   2. Many people don’t see themselves as Carers, simply as family members or friends. Sometimes peoples provide care for each other. Often people don’t realise there is help and support available for them in their own right, particularly if the care they provide has a significant impact on their wellbeing. This pack is to help you think about what help and support you may need.
   3. However if you receive payment to provide care for example through a personal budget or any payment from Adult Social Care or if you provide care under a contract of Employment or you are a volunteer working for a voluntary organisations you are not classified as an unpaid career and therefore not eligible for Carer Support Services.
2. ARE YOU UNDER 18 AND A CARER?

If the answer is yes, you are a Young Carer. If you would like information about support and a Young Carer’s Assessment, please contact Forward Carers on 0333 006 9711. This is a low call rate number.

1. WHAT IS INCLUDED IN THIS PACK?

The information in each section is to provide you with support for your individual needs.

Section 1: Provides some general information and things for you to consider

Section 2: Is for you to provide information about yourself and the person you care for, so that your needs may be assessed and to help you plan for any support you may wish to consider. This will ensure you are given the right help and support available to you.

**SECTION 1: THINGS TO CONSIDER**

* 1. ***INFORMATION:***

Information is one of the most valuable resources for Carers. It is important to know what help is available and where to ask for it. There are a wide range of organisations in the Birmingham area offering support and providing help for carers and families.

The best way to let us know about yourself is by completing the Carers Assessment of Need when you are ready to do so. One of the main things carers tell us is how important it is to get a break from their caring role, whether this is a short break to do some activities you enjoy, or a longer less frequent break away from the person you care for.

Here is an example of some of the services you can expect to get support with:

* Regular Carers Forums
* Advocacy services
* Befriending and Sitting Services (to give you a break from caring)
* Art Projects, outings and social events
* Benefits , financial and Carers rights guidance
* Emotional support and a listening ear
* Support with Carers Assessments of Needs
* On to one support with drug and alcohol or any general issues
* Help to make appointments with professional such as social care etc.
* Drop ins for informational support
* Therapies and relaxation
* Support for young carers
* End of life and life changes support
* Support with work and training
* A personal budget for carers who are eligible for Social Care Support, for other services and activities which support you to continue caring.
* Short breaks for parents and families of children with a disability, whose wellbeing is significantly impacted by the care provided

For more information visit [www.Route2wellbeing.info](http://www.Route2wellbeing.info) for services in your local area or contact Forward Carers on 0333 006 9711

* 1. ***CARERS RIGHTS TO ASSESSMENT AND SUPPORT:***

From April 2014, new legislation ‘***The Care Act 2014’*** means Carers are on the same legal footing as those they care for. New National Eligibility Criteria has been introduced and Carers who are assessed as eligible for support from Adult Social Care will be offered advice and guidance on the best services to meet their needs. This will be outlined in a Support Plan to explain how those needs will be met, and a Personal Budget may be provided for some services which require funding.

The focus of the assessment is on needs rather than identifying the amount of money required. However your assessment and support plan could result in you having financial support.

* 1. ***WHAT CAN THE CARER’S SUPPORT FUND BE USED FOR?***

This depends on what you feel would be of most benefit to you in your caring role. Some examples include:

* Relaxation sessions at a local health centre
* Regular help with the housework
* Help to maintain the garden
* A laundry or ironing service to give you time to relax
* A break away from home.

Sometimes services provided to the person you care for can help you such as respite care or a break at a day centre.

* 1. ***IS THERE ANYTHING I CANNOT USE THE SUPPORT FUND FOR?***
     1. You can’t use your payment to pay for Adult Social Care that should be provided to the person you acre for. They will need to be assessed in their own right.
     2. You can’t use your Direct Payment to pay for services or equipment which should be paid for the Health Service.
     3. You can’t use your Direct Payments to pay for Household bills.
  2. ***WILL DIRECT PAYMENTS AFFECT MY WELFARE BENEFITS?***

No, they are a way of responding to your needs as a Carer. They are not classified as income and cannot be taken into account when assessed for any welfare benefits.

* 1. ***WILL I GET HELP TO MANAGE MY DIRECT PAYMENTS?***

In most cases you won’t need it as the process is very simple. When you and your assessor have agreed what support you need and the amount we will pay you we will pay that amount into your Direct Payment bank account. You can then spend the money as and when you need to do so.

You’ll need to keep receipts to show us that you’ve spent the money in the agreed way.

* 1. ***SAFEGUARDING VULNERABLE PEOPLE***

Caring for someone can be very isolating and the nature of illness or changes in relationships can make a Carer vulnerable to abuse. Equally, some adults who need help with care are often less able to protect themselves from others and may have difficulties making their feelings and wishes known. This makes the cared for person vulnerable to abuse.

People who are vulnerable can be either physically abused, sexually abused, have money taken from them or money used in ways they don’t agree with. They may not be treated with care, bullied, humiliated, neglected or denied contact with others. All abuse is serious. All people have a right to live their lives free from fear of harm and intimidation, and to be protected from harm and exploitation. Abuse can be the result of a single act or over many months or years. Abuse may be accidental caused because the pressure of caring is too much or too isolating.

Abuse can occur anywhere by anyone, in a person’s home, in a residential home, day centre, place of work or any public place, by neighbours, friends, family or people paid to care or provide services.

* 1. ***HEALTH***

Many people feel their situation would be easier if they were given an explanation about the health problems affecting the person they care for and what treatment or medication they may expect to have. As a Carer, you should expect to be given enough information for you to continue to provide care for the person you look after, however consent from them will be needed for some information to be shared with you.

Make sure people are aware of your opinions and wishes about your ability to provide adequate care and support and ask for information about the illness or disability of the person you care for, especially before you take on the caring role and before discharge from hospital.

* 1. ***LOOKING AFTER YOUR HEALTH AND WELLBEING***

Don’t forget about your own health and wellbeing. It is important to look after yourself so that your health doesn’t suffer and you can continue caring for as long as you want to.

For many Carers the emotional impact of caring can be overwhelming at times, and you may experience feelings of anxiety, stress and depression. This can lead to physical symptoms of feeling run down and low energy levels. It is not unusual to have feelings of guilt, anger, feeling trapped, grief or loss. However you may also feel very positive about caring. Overcoming your strong sense of duty isn’t easy but you will be able to continue providing excellent care if you make sure you have time to be yourself.

Having someone to talk to can often help, and there is support available through many services. They can provide a ‘listening ear’, counselling services, and put you in touch with other Carers to share your experiences.

Your own physical health is important and help is also available to make sure you have your own regular health checks.

Make sure you eat healthily and get regular exercise. Look after yourself; it’s not selfish, it’s sensible! Check out the NHS 5 a day for Health and Wellbeing guides widely available in public areas or visit: [**www.wellbeinginfo.org**](https://web.nhs.net/OWA/redir.aspx?SURL=8xNiN96hfXt_SHURAqgGzMm1zWS1LBk6eWjuTGxjmqlsfihccxrTCGgAdAB0AHAAOgAvAC8AdwB3AHcALgB3AGUAbABsAGIAZQBpAG4AZwBpAG4AZgBvAC4AbwByAGcA&URL=http%3a%2f%2fwww.wellbeinginfo.org)

It’s important that you continue with activities in your own life that are important to you, such as having social contact with friends and family, being able to continue or start work or training, and simply enjoying some leisure activities and time for yourself. These areas will be considered as part of your Carers Assessment, and should be discussed with you before you confirm what role you will continue to have in caring for the person you look after.

***1.10. TELEHEALTHCARE EQUIPMENT***

Often the right equipment can help vulnerable people to remain in their own homes, enjoying safety and independence.

A large range of telehealthcare equipment can help you, your family or carer. There are many simpler items of equipment which can be linked through to community alarm systems, so you can get help quickly should you need it. Here are some examples of what’s available:

* Smoke detectors,
* Fall detector,
* Carbon monoxide detector,
* Natural gas detector,
* Bed/chair occupancy sensor,
* Property exit sensor with voice alert, medication reminder/dispenser,
* Epilepsy monitoring equipment,
* GPS tracker for outdoor monitoring,
* Bogus caller support

***1.11. WORK AND LEARNING***

Many people find themselves juggling work and caring. If you struggle you could talk to your employer about flexible working schemes. Many are already available or can be arranged for individuals, but they need to know there’s a problem first. Carers have a right to time off in emergencies and to request changes to work patterns. Let your employer know as soon as you are aware of any problems and may need to make changes. Ask for support if you need it, from your HR, union or staff representative.

Think very carefully before deciding to give up work to care, your work will provide you with financial security and a break from caring. It may also provide increased self-esteem and a valuable sense of identity separate from your role as a Carer.

Ask about support available from Jobcentre Plus for learning opportunities, training courses and careers advice if you aren’t in work. They can also advise on funding for alternative care to allow you to take part in training.

***1.12. MONEY***

Many Carers do not claim the benefits and tax credits they are entitled to.

Carers Allowance is the main benefit for Carers. You must be over 16 to claim, and care for at least 35 hours per week for someone on Disability Living Allowance care component (middle or higher rate), Personal Independence Payment - Daily Living component. You may still qualify if you are working and your income is below a certain amount. Be aware that sometimes claiming Carers Allowance can mean that the person you look after loses some of their benefit. If you aren’t able to claim Carers Allowance there may be other benefits you can access or have increased so please ask for advice.

Carers Credit is a National Insurance credit which helps Carers build up qualifying years for basic State Pension and additional State Pension.

The benefits system is complicated and it is worth seeking advice from welfare rights. Even if you have made an unsuccessful claim in the past, it is worthwhile trying again as the system is always changing.

***1.13. LEGAL MATTERS***

Many Carers find it helpful to prepare, and find information/advice about managing someone else’s affairs or making a will. The person you care for can for example arrange a lasting power of attorney. This means they can appoint someone, or more than one person, to take over the management of their affairs when they choose or should they later lose capacity to make decisions themselves. The person wishing to make legal arrangements should arrange an early consultation with a solicitor, as arranging things after a person is no longer able to decide for themselves can be costly and time consuming.

Ask for legal advice in good time. Age UK have fact sheets to help, and Mencap provide specialist advice for people with learning disabilities.

***1.13. HAVING YOUR SAY***

There may be times when you are unhappy with a service and wish to make a complaint. It is usually best to voice your concerns immediately by speaking to a member of staff, but every service has a special procedure to help you make a complaint. Ask to speak to someone who can tell you what to do next.

Sometimes it’s hard to ask for help or give your views. You may be able to ask a friend or relative for help, or get someone to act as your advocate. This is someone who will help you get your points across or speak on your behalf with your permission. Don’t keep it to yourself - ask about advocacy.

***1.14. WHAT NEXT***

We hope this information has helped you to think about yourself and your own needs.

If you are ready to let us know about yourself as a Carer, and help us guide you to services which will meet your particular needs, please go to Section 2 on the next page, and complete the details. You do not need to contact Social Care for a full assessment at this stage. You may complete the details yourself, or get help to complete it from anyone you choose to.

However, if the care you provide has an impact on your life and you do not already have support from Social Care, you may want to have a full assessment of your needs and those of the person you care for. This could result in a personalised support plan and personal budget to provide you with services which meet both the needs of the person you care for and yourself. There is no charge for having an assessment, but the person you care for may have to pay a contribution to the overall support plan, depending on income and the services to be provide

**SECTION 2: How can we help and support you?**

***2.1. INTRODUCTION***

Thank you for letting us know that you are a Carer. We value the vital role that Carers have in our society and the difference you make to the lives of people who have a disability, are vulnerable or ill. Without your support many people would be unable to remain independent or continue to improve their quality of life.

This assessment of your needs will help to show whether you might need practical help with day-to-day caring tasks, and considers your aspirations and commitments in relation to education, employment, training and leisure activities. The assessment is about recognising that although you have caring commitments, you also have the right to a life of your own and to have space to look after your own health and wellbeing.

By completing as much of the form as possible, it will help us to understand your caring role better and help you to access the full range of information and support or services available to you.

***2.2. ABOUT YOU***

The information below can help us to provide the services you may need. This information is confidential and will not be shared without your agreement. Fill out as much and as many of these forms. They will help us to make sure you access all the guidance and services you are eligible for.

|  |  |
| --- | --- |
| ***YOUR NAME:*** | ***DATE OF BIRTH:*** |
| ***ADDRESS:*** | ***GPs NAME:***  ***PRACTICE:***  ***DOES YOUR GP KNOW YOU ARE A CARER?***  ***NO***  ***YES*** |
| ***POSTCODE:*** | ***PLEASE TELL US IF ANYONE HELPED YOU FILL IN THIS FORM:*** |
| ***PREFERRED CONTACT NUMBER:*** | |
| ***NEXT OF KIN:***  ***WHO IS YOUR NEXT OF KIN?***  ***NAME:***  ***ADDRESS:***  ***DATE OF BIRTH:***  ***CONTACT DETAILS:*** | |
| ***WHAT IS YOUR ETHNIC ORIGIN?*** | |
| ***BLACK OR BLACK BRITISH***  CARIBBEAN:  AFRICAN:  ANY OTHER BLACK BACKGROUND:  ***ASIAN OR ASIAN BRITISH***  INDIAN  PAKISTANI  BANGLADESHI  SRI LANKAN  ANY OTHER ASIAN BACKGROUND  ***CHINESE***  CHINESE  ANY OTHER CHINESE BACKGROUND | ***WHITE***  BRITISH:  IRISH:  ANY OTHER WHITE BACKGROUND:  ***MIXED ETHNIC BACKGROUND:***  ***ARABIC OR MIDDLE EASTERN / ANY OTHER ETHNIC GROUP***  ARAB  IRANIAN |

1. Do you have any communication needs (e.g. hard of hearing)?........................................................................................................................................
2. Do you consider yourself to be disabled?

……………………………………………………………………………………………………………………………………

1. Do any of these descriptions apply to you? (Please ring)
   1. Older person (over 65)
   2. Mental Health
   3. Substance Misuse
   4. Physical Disability
   5. Learning Disability
   6. Visual Impairment
   7. Hearing impairment
2. Employment Status: (Please ring)
   1. Employed full time
   2. Employed part time
   3. No, ill or disabled
   4. No, caring role restricts access to work
   5. No, retired
   6. Studying (full time)
   7. Studying (part time)
   8. Unemployed
   9. Other
3. Have you had a benefits check? (please ring)
   1. Yes
   2. No
   3. If the answer is no, you may wish to consider having a free benefits check to ensure you are claiming the financial support you are entitled to.
4. Do you: (please ring)
   1. Live alone with the person you care for?
   2. Care for another friend or relative with health problems?
   3. Have children (under 18) who live with you?
   4. Provide care for your friend or relative during the night?
   5. Are you over 65?

***2.3. ABOUT THE PERSON YOU CARE FOR***

|  |  |
| --- | --- |
| Name of the person you care for:  Date of birth:  Is the person you care for under 18? If so, are they in full time education and where? | GP’s name:  Practice surgery:  Address (if different to above):  Telephone Number (if different): Mobile number:  Postcode (if different): |
| ***Next of Kin details:***  Name  Address  Contact number  Relationship to you: | |
| **What is the ethnic/cultural origin of the person you care for?** | |
| ***Black or Black British:***  Caribbean  African  Any other Black background (please specify):  ***Asian or Asian British:***IndianPakistaniBangladeshi  Sri Lankan  Other Asian background (please specify):  ***Chinese:***  Chinese  Any other Chinese background (please specify): | ***White:***  British  Irish  Any other White background (please specify):  ***Mixed:***White and Black Caribbean  White and Black African  White and Arab/Middle Eastern  Other Mixed Background (please specify):  ***Arabic or Middle Eastern/Any other Ethnic Group:***  Arab  Iranian  Other ethnic group (please specify): |
| What is their marital status? | |
| What is their religion? | |

***2.3.1 What is the nature of their illness or disability? (please ring all that apply)***

* Problems connected to ageing
* Dementia
* Mental Health problems
* A learning disability or difficulty
* Hearing impairment
* Visual impairment
* Disabled child or young person (under 25)
* Physical disability
* Adult with HIV/Aids
* Alcohol or drug misuse
* Long standing illness
* Terminal illness
* Any other illness not mentioned above – please provide details :.................................................................................................................................................................................................................................................................................

***2.3.2 Does the person you care for receive services arranged by Social Care?***

If yes, please tick if you, or the person you care for receive any of the following and, if applicable, state how often:

* Personal Assistant
* Home Care
* Equipment or adaptations to the home
* Lifeline Alarm
* Meals services
* Short Break opportunities
* Day services/lunch club
* Employment opportunities
* Enabling service
* Sitting service
* Adult placement
* Direct payments/Personal Budget
* Other (please specify)

***2.3.3. Are you involved in the planning of this person’s treatment and/or care?***

* Yes
* No
* If yes, please give details:

.........................................................................................................................................

* If yes, please state how often..................................................................................................................................................................................................................................................................................

***3. Support you are providing***

Think about any support you give in the following areas to help the person you care for. Please tick whether you do these things every time they need help, sometimes or never. Please consider which things are rewarding or positive and which are difficult, and show how stressful you find each one (1 being not stressful and 4 being very stressful).It is important to indicate only those things that you personally help with, support or need to prompt. Do not include areas that the person can manage themselves or that are carried out by other family, friends or paid staff.

Please carry on and fill out the form below.

3.1. ***Aspect of caring***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Aspects of caring*** | ***How often do you help, support or need prompt? (please tick one box for each aspect*** | | | | **Stress (1-4) (Please write the number in each box)and any comments you wish to make** |
| ***Never*** | ***Sometimes*** | ***Often*** | ***Always*** |
| **Giving/checking medication** |  |  |  |  |  |
| **Managing medical Conditions** |  |  |  |  |  |
| ***Making sure the person is safe indoors*** |  |  |  |  |  |
| ***Making sure the person is safe outdoors*** |  |  |  |  |  |
| ***Dealing with crisis*** |  |  |  |  |  |
| ***Providing transport*** |  |  |  |  |  |
| ***Giving emotional support*** |  |  |  |  |  |
| ***Getting through the night*** |  |  |  |  |  |
| ***Dealing with difficult behaviour*** |  |  |  |  |  |
| ***Managing money/ correspondence*** |  |  |  |  |  |
| ***Practical tasks (e.g. shopping, housework)*** |  |  |  |  |  |
| ***Cooking and assistance with eating*** |  |  |  |  |  |
| ***Help with mobility*** |  |  |  |  |  |
| ***Speaking on the persons behalf (e.g. talking to doctors etc)*** |  |  |  |  |  |
| ***Support with socialising*** |  |  |  |  |  |
| ***Personal hygiene tasks (bathing, showering)*** |  |  |  |  |  |
| ***Other personal hygiene (teeth, nails, hair)*** |  |  |  |  |  |
| ***Choosing suitable clothing*** |  |  |  |  |  |
| ***Getting dressed*** |  |  |  |  |  |
| ***Using the toilet*** |  |  |  |  |  |

***3.2. Does The Person You Care For Use/Require:***

* Wheelchair
* Hoist
* Continence products
* Walking aid
* Other equipment/adaptations in the home
* Community nursing care services
* Physiotherapy services
* Stoma care
* Feeding via P.E.G.
* Emotional Support
* On a scale of 1 – 10, where 1 is very little and 10 is a lot, how much emotional support do you give to the person you care for?
* How does this impact on your life?
  + Affects every aspect of my life, all of the time
  + Affects some aspects of my life, sometimes
  + Doesn’t affect my life much/at all
* Do you ever experience any of the following from the person you care for?
  + Physical violence/aggression
  + Verbal abuse
  + Other frustrating/challenging behaviour

If the answer to any of these is yes, you may wish to complete the ‘risk assessment’ questions at the end of this pack, to help identify what kind of support you may need.

* On average, how many hours per week do you personally spend giving personal care or emotional support to the person you care for?

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* Breaks from CaringHow many days of breaks from caring have you had in the last 12 months? (You should include local authority arranged breaks/respite and holidays/breaks you have arranged yourself in this total, as well as any breaks paid for by Carers Support Fund or through a Personal Budget. A break may be regular short periods pursuing activities you enjoy, or a longer break away from the home either for yourself or the person you care for). A break is any period when you are not required to provide care (physical or emotional) for the person you care for. You should include times when professional care staff are employed to provide care.
  + None
  + 1-2 days
  + 3-7 days
  + 8-14 days
  + More than 14 days
* How recently did you last have a break from your caring role?
  + Never had a break
  + More than a year ago
  + 6-12 months ago
  + 3-6 months ago
  + Within the last 3 months
* Are you able to have a regular break from your role as a Carer in any of the following ways?
  + The person you care for attends day care or other activities such as work or education
  + The person you care for has a break away from their home, for example an arranged break in residentialor nursing care
  + You have a holiday to have a longer break from supporting the the person you care for ̈Any other ways that you have a break (please specify).......................................................................................................................................................................................................................................................................................................................................................................................

***3.3. Impact on your wellbeing***

* In this section please indicate what areas of your life area affected by caring and how this impacts on your wellbeing.
* Then consider what things you are able to enjoy and what support would make your role as a carer easier to manage.
* Include any support you think may be available from family and friends. (Some examples might include a break from caring, help applying for benefits or getting adaptations or equipment to help in the home, or practical help with housework or gardening. This should include anything you think will help you.)
* Add any comments or additional areas that you think have not been considered.(When considering wellbeing, this includes such factors as:
  + Personal dignity (being treated with respect);
  + physical, mental and emotional wellbeing;
  + protection from abuse and neglect;
  + control over day to day life (including care and support and how it is provided);
  + participation in work, education training or recreation;
  + social and economic wellbeing; domestic, family and personal relationships; suitable living accommodation; contribution to society.)

1. What is the impact of your caring role on your ability to care for a child/others, and how does this affect your wellbeing? (this can be any child or other adult you may provide care for)

What I want to achieve?

How I want to be supported?

Who will support me?

2. What impact does caring have on your ability to maintain your home and domestic routine, and how does this impact on your wellbeing?

What I want to achieve?

How I want to be supported?

Who will support me?

3. What impact does caring have on your wellbeing when trying to manage and maintain your own healthy diet/eating well?

What I want to achieve?

How I want to be supported?

Who will support me?

4. What is the impact of your caring role on your Wellbeing when trying to develop and maintain your relationships with those who are important to you?

What I want to achieve?

How I want to be supported?

Who will support me?

5. What is the impact of caring on your Wellbeing while trying to access or maintain opportunities to engage in work, training, education or volunteering?

What I want to achieve?

How I want to be supported?

Who will support me?

6. What impact does your caring role have on your involvement in your local community, recreational facilities and services, and how does this impact on your wellbeing?

What I want to achieve?

How I want to be supported?

Who will support me?

7. What impact does your caring role have on your time pursue a life of your own, or any other aspects of your life affected? Please tell us anything about your situation and what affect it has on your wellbeing that isn’t already mentioned.

What I want to achieve?

How I want to be supported?

Who will support me?

8. Are you willing and able to continue to provide the current level of care? Please give details.

Have there been any risks to you or to other people identified:

9. If you feel there are risks involved in your caring situation and you would like to complete a Carers Risk Assessment please ask your assessor, (a support worker or social worker).YesNoDetails

What can be done to alleviate the risks identified?

Support Planning

Identified Needs/Risks

Outcomes to be achieved

Services and support needed

Any costs?

Please indicate if you would like to be considered for financial assistance to meet any costs of your support either through;1 - The Carers Support Fund

Yes

No

2 - A Personal Budget from Adult Social Care(for those with eligible needs)

Yes

No (please select only one option)

Emergency Contact Details

Providing some additional information will enable us to automatically register you with the Carers Emergency Response Service, giving you peace of mind that if you are unable to care due to illness or another emergency situation, replacement care can be provided at any time of day or night. Once you are registered, we will send out further information about the service and a support plan for you to provide more details about the care the person will need in your absence. The direct contact number is **0121 442 2960**

Please indicate who you would like us to contact in the event of an emergency to take over your caring role:Relative/Friend/Neighbour (tick box) (provide name, address and contact details).............................................................................................................................................................................................................................................................................................

What Happens Next?We would like to pass your details to other organisations which may be able to help you. We can only do this with your consent. If you are happy for your information to be shared to enable support to be provided, please sign below.

I confirm that I understand there may be a need to share information with relevant 3rd parties such as Health and Voluntary Sector Services.I consent to my information being shared.Print Name:Signature:Date:Print Name:Signature:Date:

Declaration:Please sign and date below to indicate that this form is an accurate representation of your personal circumstances and the facts you have given are correct to the best of you knowledge:Carers Signature:.................................................................Date:........................................................

If someone has helped you to fill in this form, please give details below:Name: ......................................................................Date: ........................................................

Organisation or Relationship to Carer…………………………………………………………………………………..