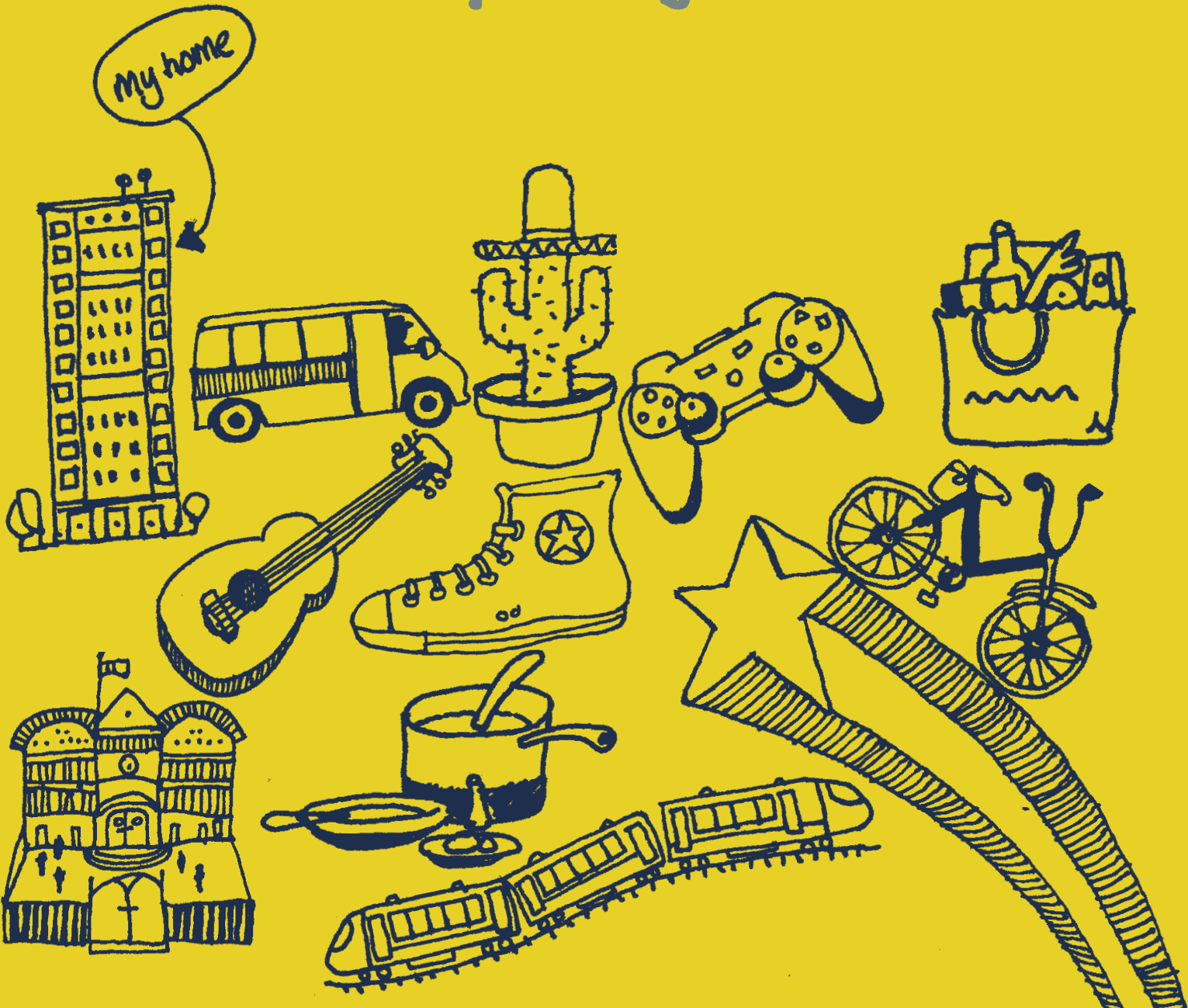


# my

name is



and i'm a young carer



Date of Birth:

My School

Age started caring

Hours caring per week

Identity Number (Office Use)

### I Look after

- Mum
- Dad
- Brother
- Sister
- Grandparent
- Other

### How do I care

- Stay in
- Listening
- Extra Chores
- Personal Care
- Translation
- Other

### I'm NOT just a carer

(write or draw about something you like or interested in)

### Is there anything else you want to tell us?



### Am I the main carer?

- Yes
- No

Who else lives at home?

---

---

What services are involved with me and my family?

---

---

---

**1**

Does anyone help me to care?

**4**

What would I like to change for me or my family

**IDEAS:** to meet people to take a break - a holiday, time for myself, more choices.

**2**

What help would I like with caring?

**5**

I can usually take part in...

**IDEAS:** Things my friends do, school activities, social life

**3**

Has anything in my family changed recently

(someones health or help they need)

**6**

Sometimes I miss out on...

# my school



1

What's my attendance and timekeeping like at school?

Am I achieving at school?

2

How do I get to school?



3

Do I attend after school groups?

NO  YES

If 'yes', what for?

4

Do I manage to do any homework?

NO  YES

5

Does school know about my caring role?

NO  YES

Would I like an adult at school to know more about my caring role?

NO  YES

If yes, who?

How does school help?

Do I have friends at school or outside school?

NO  YES

# my health



1

My physical health is...

Empty dashed box for writing answers to question 1.

2

My emotional health is...

Empty dashed box for writing answers to question 2.

3

My mental health is...

Empty dashed box for writing answers to question 3.

4

My social life is...

Empty dashed box for writing answers to question 4.

5

Do I ever wake up or get up at night to help?

NO  YES

If 'yes', how often?

Empty dashed box for writing answers to question 5.

6

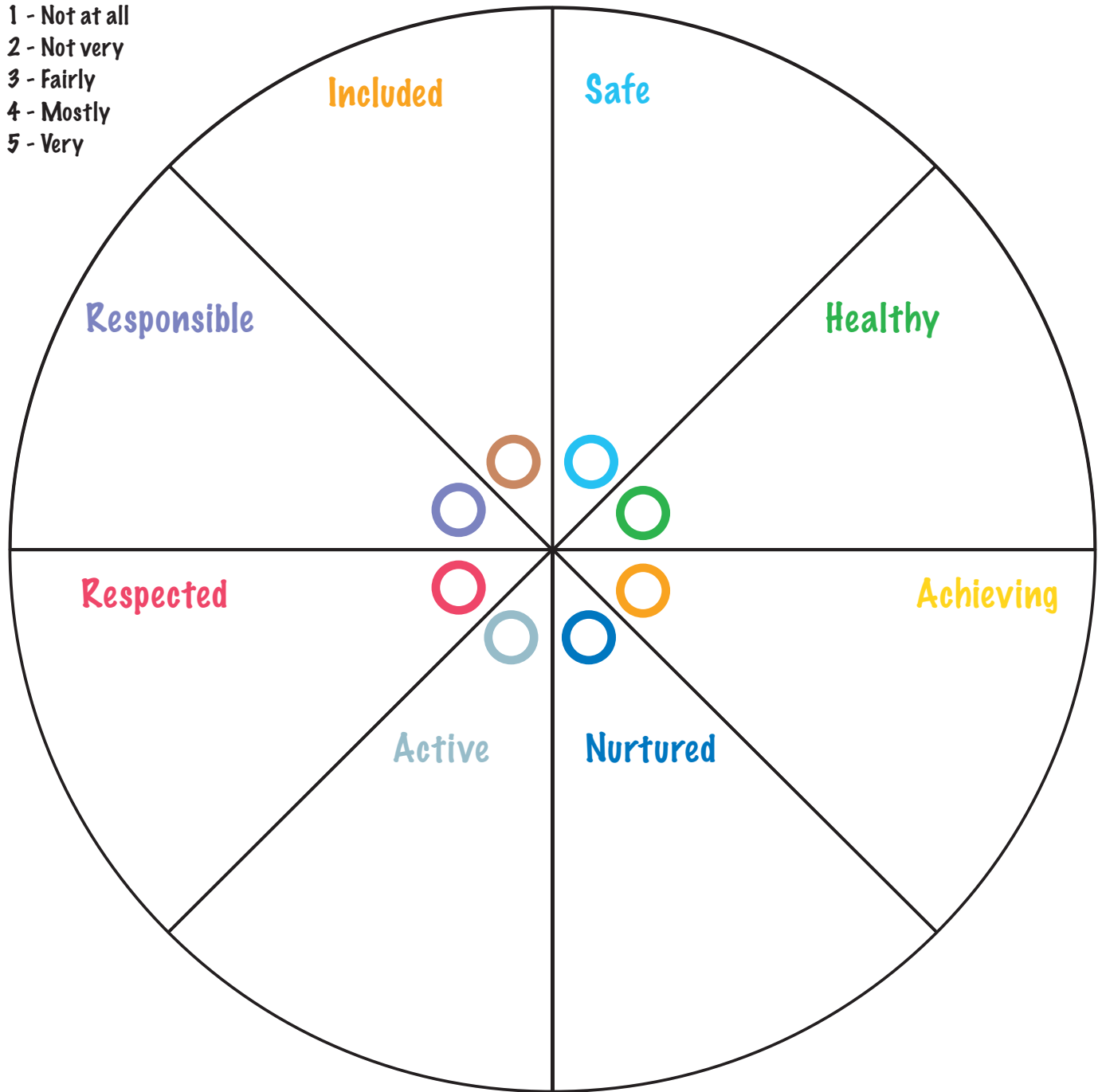
Does anything worry you?

Empty dashed box for writing answers to question 6.

# Wellbeing Wheel

Below is a well being wheel, it has eight indicators and under each indicator is a definition. Rate how you feel from 1 to 5.

- 1 - Not at all
- 2 - Not very
- 3 - Fairly
- 4 - Mostly
- 5 - Very



---

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---

---

# my plan ahead



## Question 1

Do I have family close by  Yes  No

## Question 2

Do they help out?  Yes  No

## Question 3

If yes, who?

-----  
-----

My aspirations for my life beyond caring are:

-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----

Emergency planning:

- I need to be contacted quickly if something happens to the cared for person.
- It must be acknowledged that I may hold important information needed.
- I might need someone to look after my wellbeing.
- I must be involved in planning for the cared for person, if appropriate

From time to time I may need:

-----  
-----  
-----

Anything else I would like people to know:

-----  
-----  
-----  
-----

Recommended actions:

1

2

3

Date:

Date of review:

Young Carer Signature

-----



# Young Carer Statement



Clackmannanshire  
Council

