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| --- |
| For office use only |
| **Date** |  | **LAS No** |  |
| **Band** |  | **SCC Database No**  |  |

|  |
| --- |
| **About you** |
| Name |  | Date of Birth |  |
| Gender |  |
| Address |

|  |  |  |
| --- | --- | --- |
|  | Postcode |  |

 |
| Tel No |  |
| Email Address |  |
| Do you consider yourself to have a disability? |  |
| Do you have any long-term health conditions? |  |
| Are you registered at Sefton Carers Centre?  | I am registered [ ]  I am not registered [ ]  Unsure [ ]  |
| **Has the person you care for: Entered Residential or Palliative care? YES** [ ]  **NO** [ ]  **Passed away? YES** [ ]  **NO** [ ] If you have answered NO to both these questions please complete the rest of the form. If you have answered YES to either, we do not require any further information but we will require this form to be returned to us via the pre-paid envelope provided. As a former carer, we will continue to provide some services and support to you. Please contact 0151 288 6060 for more information. |

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| **About the person you care for** |
| Name |  | Date of Birth |  |
| Gender |  |
| Address(If different to your own) |

|  |  |  |
| --- | --- | --- |
|  | Postcode |  |

 |
| Tel No |  |
| Their relationship to you?  |  |
| Have they been assessed by Social Services? | YES [ ]  NO [ ]  UNSURE [ ]  |
| What is their health condition or illness? |  |
| Do you provide care to any **other** person? If yes please provide details | YES [ ]   NO [ ]  | Name |  |
| Relationship to you |  |
| Cared for condition/illness |  |

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| --- | --- |
| **Your caring role**  | **Please tick** |
| How long have you provided care?  | Less than 6 months |  |
| 6 months – 12 months |  |
| Over 12 months – below 2 years |  |
| 2 – 5 years |  |
| Over 7 years |  |

|  |  |
| --- | --- |
|  | **Please tick as appropriate** |
| **To what extent does your caring role affect your life?** | **No Impact** | **Mild Impact** | **Moderate Impact** | **Severe****Impact**  |
| Physical health and wellbeing | 0 | 1 | 2 | 3 |
| Emotional wellbeing and mental health  | 0 | 1 | 2 | 3 |
| Choice and control over daily activities and daily life  | 0 | 1 | 2 | 3 |
| Ability to maintain a healthy balanced diet | 0 | 1 | 2 | 3 |
| Ability to have a restful night sleep | 0 | 1 | 2 | 3 |
| Ability to maintain any additional caring responsibilities | 0 | 1 | 2 | 3 |
| Ability to maintain your home environment, i.e. cleaning, DIY etc. | 0 | 1 | 2 | 3 |
| Opportunity to partake in employment/education/volunteering | 0 | 1 | 2 | 3 |
| Ability to have some leisure time  | 0 | 1 | 2 | 3 |
| Ability to maintain important relationships i.e. friends and family | 0 | 1 | 2 | 3 |
| Ability to use services within your community | 0 | 1 | 2 | 3 |

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| **Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over** **the last 2 weeks. Warwick Edinburgh Mental Well-being Scale (WEMWBS)** **© NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved.** |

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| --- | --- |
|  | **Please tick as appropriate** |
| **Statements** | **None**  | **Rarely** | **Some of the time**  | **Often** | **All of the time**  |
| I’ve been feeling optimistic about the future | 4 | 3 | 2 | 1 | 0 |
| I’ve been feeling useful | 4 | 3 | 2 | 1 | 0 |
| I’ve been feeling relaxed | 4 | 3 | 2 | 1 | 0 |
| I’ve been feeling interested in other people | 4 | 3 | 2 | 1 | 0 |
| I’ve had energy to spare  | 4 | 3 | 2 | 1 | 0 |
| I’ve been dealing with problems well | 4 | 3 | 2 | 1 | 0 |
| I’ve been thinking clearly | 4 | 3 | 2 | 1 | 0 |
| I’ve been feeling good about myself | 4 | 3 | 2 | 1 | 0 |
| I’ve been feeling close to other people | 4 | 3 | 2 | 1 | 0 |
| I’ve been feeling confident | 4 | 3 | 2 | 1 | 0 |
| I’ve been able to make up my own mind about things | 4 | 3 | 2 | 1 | 0 |
| I’ve been feeling loved | 4 | 3 | 2 | 1 | 0 |
| I’ve been interested in new things | 4 | 3 | 2 | 1 | 0 |
| I’ve been feeling cheerful | 4 | 3 | 2 | 1 | 0 |

|  |  |
| --- | --- |
| **In which areas would you like further support?**  | **Please tick as appropriate** |
| Employment or training |  | To develop a plan in case of emergency situations |  |
| To exercise more often |  | Eating a healthier and having a balanced diet  |  |
| To extend my skills and knowledge of my caring role  |  | To have somebody to talk to discuss my feelings |  |
| To possibly reduce my number of caring hours |  | To reduce or stop smoking |  |
| To access welfare benefits advice and or debt management |  | Help or advice for keeping warm and safe within my home  |  |
| Support with keeping my home and garden clean and tidy |  | To improve my level of health and wellbeing |  |
| Help with equipment / adaptations in the home to enable me to carry out my caring role safely |  | To get involved with a group of other carers to improve services for carers |  |

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| **Who answered the questions on this form?** Please tick to complete  |
| Me (Carer) |  | Me (Carer) **with help from a professional** |  | Me (Carer) **with support from family or friends** |  |

**Data Protection Act**

Please note that in order to complete this assessment, you must be a carer yourself, or if completing the form for someone else, have their permission. Your personal details supplied will be held by Sefton Carers Centre and Sefton Council for the purposes of supporting and assessing your needs as an adult carer (18 years of age or over). By typing or signing your name in the signature box and submitting this form electronically or by post, it is accepted that your consent to the above has been given. If you would like to know more about who your information will be shared with and why then please talk with your assessor or see our privacy statement on Sefton Carers Centre website or the Sefton Council website.

Personal data that you provide to Sefton Carers Centre will be used to process your application. It will be held in accordance with the Data Protection Act 1998 and GDPR. We understand that the information you have provided is of a sensitive and private nature therefore, all staff are bound by a confidentiality agreement.

**Please tick if this Pre-Assessment has been completed over the telephone and consent has been understood and given by the carer.**

**Signature** (Carer) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**