

**Additional Carer Notes and Observations**

|  |
| --- |
| **Applicant Details and Assessment, please complete the following** |
| Name  |  |
| Gender |  |
| Previous names |  |
| Known as |  |
| Date of birth  |  |
| Address   |  |
| How long does it take you to get to main carer’s home? |  |
| Do you drive? Are you willing to drive service users? |  |
| Phone number |  |
| Mobile number |  |
| Email |  |
| Languages spoken |  |

|  |
| --- |
| **EMPLOYMENT** - Current occupation, hours worked, what you do, how will you balance this with your support as an additional carer. |
| **Applicant’s reply** |
|  **Shared Lives notes** |
| **EXPERIENCE -** Detail any experience you have of supporting a vulnerable adult, personal, informal, voluntary, past or present. |
| **Applicant’s reply** |
| **Shared Lives assessor notes** |
| **Skills –**What skills do you feel you have to offer, personal, practical, motivational, relationship building, skills development? How might you support someone to:1 Develop daily living skills2 Build their confidence3 Try new things and take responsible risks4 Support personal relationships5 To manage their behaviours that can be challenging at times, non-cooperation, verbal abuse, disruptive behaviour? |
|  **Applicant’s reply** |
|  **Shared Lives assessor notes** |
| **SUPPORTING HEALTH NEEDS –**How would you support a service user with their health needs?What is important when supporting someone with their personal care? |
| **Applicant’s reply** |
| 1. **Personal Care, bathing, hair washing, toileting?**
2. **Support with medication and medical appointments?**
3. **Physical disability and wheelchair user?**
4. **Sensory impairment?**
5. **Communication issues?**
6. **Physical Health conditions – epilepsy, diabetes for example.**
7. **Emotional support?**
 |
| **Shared Lives assessor notes** |
| **PERSONALITY –** Please give details of your background, family and life experiences.How would you describe your personality and your attitude to life?Do you hold any strong beliefs and values that you hold dear? |
|  **Applicant’s reply** |
| **Shared Lives assessor notes** |
| **INTERESTS, LEISURE, HOBBIES –** Describe your hobbies and leisure interests. Would you be able to share with service users and how could you do this? |
| **Applicant’s reply** |
| **Shared Lives assessor notes** |
|  **SUPPORT TO MAIN CARER**1. Do you have family and commitments? How might these affect your support?
2. What is your understanding of the role when supporting in the main carer’s absence?
3. What is your relationship to the main carer?
4. Can you envisage any issues working with the main carer and how would you manage these?
 |
| **Applicant’s reply** |
| **Shared Lives assessor notes** |

Applicant Signature………………………………….. Date …………

Shared Lives coordinator Signature………………… Date …………