

Name:



Member self-assessment form

Membership of the Croydon adult social service user panel (CASSUP) is a very responsible and important role. To help you decide if it's for you, we have listed the key qualities and experience you will need in order to do the role effectively. Please complete the form and, where indicated, give an example. This can be either work related or something from your personal life.

Induction and training will be provided and there will be support from the resident involvement team.

Address:			
Post code:			
Telephone number:			
Email address:			
Qualities and experience I have	Yes	No	Not sure
Are you a resident of Croydon, or a carer for a resident of Croydon?			
Are you (please tick one of the following three options) A Croydon adult social service user or			
A carer of a Croydon adult social service user or			
Actively concerned about improving Croydon adult			
social services for service users			
I can commit the time needed to make the CASSUP a			
success at least 3 hours per month			
I am willing to participate in the training sessions			
I am able to work well as part of a group and contribute			
to group discussions			
Please give details below of an example of group work part in, including what you did (this can be paid or volun a play group, joining a book club etc.)			

	Yes	No	Not sure
I can think objectively about the task in hand and not			
promote my personal interests			
I am able to read and understand documents and then			
give my view or opinion to a wider group			
I have good written or verbal communication skills			
I have good listening skills and am prepared to listen to			
other peoples' points of view			
I am prepared to familiarise myself and abide by the			
code of conduct for the panel and uphold the integrity of the panel at all times			
I understand and am committed to upholding the			
principles of equalities and diversity			
I will uphold confidentiality regarding any commercially			
sensitive or personal information that I may handle in			
connection to the panel			
I will act in a professional, diplomatic and sensitive			
manner in all dealings with the panel and officers and			
contractors of Croydon Council			
I will strive to make positive improvements to the service			
in partnership with the Council			
Please use this space to say why you want to get invo	olved w	vith CA	ASSUP

To assist us with our monitoring and equalities information, please complete the sections below:

Please indicate your age group:

Panel members must be aged 18 or over

18 – 35 years 36 – 65 years Over 65 years

Please indicate whether any of the following applies:

Learning disability Physical disability

Mental health issues Deaf or hard of hearing

Visually impaired Other, including carers

Please give further details below if you have ticked any of the above

Please indicate your gender:

Male Female Transgender

Please indicate your race:

Asian Black White

Other (please give detail)

Religious/faith groups:

Buddhist Christian Hindu Jewish

Muslim Sikh No religion/faith

Other (please give detail)

Sexual orientation:

Heterosexual Lesbian Gay Bisexual

Please send your completed form to:

Croydon Council
Department of adult services, health and housing
Resident involvement & scrutiny team
Floor 3, zone A
Bernard Weatherill House
8 Mint Walk
Croydon, CR0 1EA

Or save this completed document and email it to CASSUP@croydon.gov.uk