



For office use only	
GP No.	
Swift No.	
HD No.	
TFM No.	

## Carer Self Assessment

You do not have to complete this form.

However, completing it will enable us to send you the information most relevant and useful to you in your caring role and enable you to access grant funding.

If you need help filling in the form, please call us on 01942 705983.

The information provided by you is confidential.

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### About you, the carer.

Your name \_\_\_\_\_

Your address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Male / Female

Tel No \_\_\_\_\_ Doctor's name \_\_\_\_\_

Email \_\_\_\_\_

Mobile No \_\_\_\_\_

Your relationship to the cared for person \_\_\_\_\_

**Your Ethnicity** (please tick one box only):

**White**

- British
- Irish
- Other (say which) \_\_\_\_\_

**Black or Black British**

- Caribbean
- African
- Other (say which) \_\_\_\_\_

**Mixed**

- White and Black Caribbean
- White and Black
- White and Asian
- Other (say which) \_\_\_\_\_

**Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Other (say which) \_\_\_\_\_

**Chinese or other ethnic group**

- Chinese
- Other (say which) \_\_\_\_\_

**About the person you care for.**

Their name \_\_\_\_\_

Their address \_\_\_\_\_

Postcode \_\_\_\_\_

Their date of birth \_\_\_\_\_ Sex Male / Female

Their doctor's name \_\_\_\_\_

Nature of illness  
\_\_\_\_\_  
\_\_\_\_\_

## About your role as a carer.

Your role as a carer is important and unique. It will be helpful to us if you could give details of what your caring role involves.

**What sort of help do you provide as a carer? Please tick all that applies**

- |   |   |
|---|---|
| <input type="checkbox"/> Shopping                                   | <input type="checkbox"/> Getting dressed            |
| <input type="checkbox"/> Housework                                  | <input type="checkbox"/> Using the toilet           |
| <input type="checkbox"/> Preparing meals                            | <input type="checkbox"/> Help at night              |
| <input type="checkbox"/> Dealing with finances                      | <input type="checkbox"/> Transportation             |
| <input type="checkbox"/> Help with washing or bathing               | <input type="checkbox"/> Offering emotional support |
| <input type="checkbox"/> Help with medicines or treatment           | <input type="checkbox"/> Managing social life       |
| <input type="checkbox"/> Laundry                                    | <input type="checkbox"/> Interpreting / translation |
| <input type="checkbox"/> Getting in and out of bed                  | <input type="checkbox"/> Help with correspondence   |
| <input type="checkbox"/> Attending doctor's appointments or reviews |   |
| <input type="checkbox"/> Other (say what) _____                     |   |

**Do you, or the person you care for, get any help at the moment from:**

	You	The person You care for
Adult Social Services (formerly Social Services)	<input type="checkbox"/>	<input type="checkbox"/>
Community mental health team	<input type="checkbox"/>	<input type="checkbox"/>
Carer's support team	<input type="checkbox"/>	<input type="checkbox"/>
District nurse	<input type="checkbox"/>	<input type="checkbox"/>
Health visitor	<input type="checkbox"/>	<input type="checkbox"/>
Home care	<input type="checkbox"/>	<input type="checkbox"/>
Community meals (meals-on-wheels)	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary organisations (e.g. Stroke Assoc, Age Concern)	<input type="checkbox"/>	<input type="checkbox"/>
Community matrons	<input type="checkbox"/>	<input type="checkbox"/>
Social worker	<input type="checkbox"/>	<input type="checkbox"/>
Social worker's name if known? _____		
Other e.g. friends, neighbours	<input type="checkbox"/>	<input type="checkbox"/>

Please say who \_\_\_\_\_

**As well as caring, what other responsibilities do you have?**

- Children
- Other family
- Job
- Further education
- Other (say what) \_\_\_\_\_

**Are you employed?**

- Full or part time
- Retired
- Unemployed
- Other (say what) \_\_\_\_\_

**If you are unemployed, are you interested in returning to work?**

- Yes
- No

**Your concerns and well being.**

**Have you any concerns about yourself, or the person you care for?**

- Yes
- No

If yes, please describe the problems you have as a carer.

**What extra support would improve your quality of life?**

- More information about the illness of the person you care for
- Information about their medication, the benefits and the side-effects
- Being fully involved in their treatment
- Knowing who to contact in a crisis
- Knowing what support is available in the community for you and the person you care for
- More information on Sheltered Housing within the Borough
- Other (say what) \_\_\_\_\_

**How many hours a week do you spend caring?**

- 1 - 19                       20 – 49                       50+

**Are you able to take time away from caring?**

- Yes                                       No

**Have you heard about funding available that carers can access, called ‘Time for Me’?**

- Yes                                       No

Application form & details of how to apply to the scheme are included at the end of this assessment.

**If you have heard about this, have you received a payment?**

- Yes                                       No

**Can you tell us how it helped you?**

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**Have you heard about the scheme we have to help you in an emergency?**

- Yes                                       No

**Would you like more information about this?**

- Yes                                       No

**If you have registered with this scheme, can you explain how it helped you?**

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**Have you been offered a carer's assessment ?**

Yes

No

**If no, would you like to be offered a carer's assessment?**

Yes

No

**If yes, can you tell us how your assessment helped you?**

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**Do you think you would benefit from training?**

Yes (please say below what type of training would benefit you)

No

**Type of Training Courses / Activities**

Further education, e.g. Maths, Spanish, English

Help in your caring role, e.g. Wheelchair training, moving and handling

Leisure, e.g. card making, digital photography

Health and well-being, e.g. pamper day, aromatherapy, relaxation

Any other please state below.

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**Would you like a:**

Free benefit check

Yes

No

Free home fire risk assessment

Yes

No

Tick here if you wish your details to be passed to the Carers Centre, enabling them to organise these services for you. The Centre will also send you up to date information about services available to support carers.

## Have your “say” as carers

Would you like to “have a say” in shaping things for carers in Wigan borough by being involved in:

- A funding panel, helping to decide how money is used to support carers

Yes

No

- Groups that plan events and services for carers

Yes

No

You can be involved a little or a lot. Expenses associated with your involvement will be reimbursed. If you would like more information about becoming involved, call us.

**Have you any other comments to make?**

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Thank you for your time in completing  
this Self Assessment form.

If your circumstances change in the future,  
please remember to call us 01942 705983.

**Please return this form in the prepaid envelope provided to:**

Carers Support Team, Wigan Council, Department of Adult Services,  
Hyndelle Lodge, King Street, Hindley, Wigan, WN2 3AW.

**If you wish to apply for Funding for Carers please complete the attached  
‘Time for Me’ form and return with the self assessment form to the address  
above.**

# Department of Adult Services

## Time for Me

### 2009/10 Guidance Notes



**Please read these notes carefully, as they will help you to complete the grant application form correctly.**

Wigan Council's Department of Adult Services is inviting funding applications to the Time for Me scheme (up to a maximum of £150) to individual adult carers, towards something that will help them to take a break from their caring role. This money has been provided from the Carers Grant funding.

Carers are people who look after relatives or friends who, because of illness or disability cannot manage at home without help. A carer can be of either sex – carers come from all backgrounds and communities.

## Who can apply?

- You (the carer) must be aged **18 years or over** and the person you care for must be an adult (aged 18 years or over).
- You must not have received grant funding for carers in the last financial year (i.e. from April 2008 to March 2009).
- You must be a carer living in the Wigan borough.

## What can I apply for?

We are inviting applications from individual carers, which under the Carers Equal Opportunities Act (2004), could mean help towards the cost of things like: short breaks, holidays, driving lessons, buying a phone or mobile phone, leisure activities, gym membership, college courses, and other activities that you feel could help you take a break from your caring role.

## The application process

- When you have completed the self assessment and application form, please return it to the Carers Support Team (the address is at the end of these guidance notes). The team will store your details securely on a computer database – these will be kept confidential, and will only be used by the council to contact you about other relevant services for carers.
- The application form must be completed as fully as possible, as a decision will be made based on the information you provide. We may need to contact you to clarify information that will help us to make a decision.

- You must give details of what you are applying for and give specific details of the cost and how it will help you in your caring role. The amount you apply for must reflect the actual cost of what you want to buy. Please attach quotes or estimates, as this will enable us to consider your application fully.
- We will hold a special panel meeting to consider all applications we receive. Following this, we will write to you to let you know whether or not your application has been successful. If it has, we will ask you to sign and return an agreement. This says that you will must use the grant money to pay for the item that you have applied for.
- Once we receive your signed agreement, a cheque will be sent to you from the council's Finance Section. **Please make sure you keep all receipts**, as you will need to return them to us for our audit purposes – we will write to you about this. Or, you can return any receipts etc. with your signed agreement if you prefer to do so.

**Please note:**

- No means-test will be applied to applications for this grant.
- Applications will not be accepted without the carer's knowledge.

**We will write to you to tell you about the outcome of your application after the panel meeting. This will usually be approximately two weeks following the closing date.**

## **Who should I contact for more information?**

If you require help or more information, please contact the council's Carer Support Team on 01942 705967. Or, email [ssdcarers@wigan.gov.uk](mailto:ssdcarers@wigan.gov.uk)

## **Where should I send my completed application form?**

Please return your application form to:

**Carer's Grant Applications,**  
Wigan Council,  
Department of Adult Services,  
Carer Support Team,  
Hyndelle Lodge,  
King Street,  
Hindley,  
Wigan, WN2 3AW.

# Department of Adult Services

## Time for Me

### 2009/10 Application Form



#### About You

1. How did you find out about Time for Me Scheme?

\_\_\_\_\_

2. How much are you applying for? £\_\_\_\_\_ (attach any quotes/estimates).

3. How will you use the grant to help you take a break from your caring role?

\_\_\_\_\_

4. If you wish to use the grant for a short break / holiday, will the person you care for go with you? \_\_\_\_\_

5. Do you attend any Carer Support Groups? Yes/No

6. If yes please provide the name of this group. \_\_\_\_\_

7. Have you had a carer's assessment about your needs / role as a carer\*?  
Yes/No

8. If 'no' are there any reasons for this?

\_\_\_\_\_

\*Carer's assessments are used to assess a carer's needs, their caring role and to identify support services that may be available to the carer.

#### About The Person You Care For

9. What is the nature of their illness / disability / condition?

Mental Health

Learning Disabilities

Physical Disabilities

Older Person

10. Please give further details.

\_\_\_\_\_

## Declaration

I declare that the information I have provided within this application form is true and accurate:

Signed (Carer): \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Thank you for you for completing this form. We will write to you to inform you of the outcome of your application.

Please return the completed form **(with the self assessment form attached)** to:

Carers Support Team, Wigan Council, Department of Adult Services,  
Hyndelle Lodge, King Street, Hindley, Wigan, WN2 3AW.