

Self Identification Form - Young Carers

Name of Student _____ Form _____

A young carer is a child or young person who cares for a family member or who's life is affected through caring for a family member who has an: Illness, physical/learning disability, mental ill health, sensory impairment, sensory impairment, is affected by drug/alcohol misuse or is affected by HIV/AIDS.

Is there someone in your family home who is:

- | | Yes | No |
|---|--------------------------|--------------------------|
| • Ill | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has a physical or learning disability | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is experiencing mental ill health | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is affected by drug or alcohol misuse | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is affected by AIDS/HIV | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has a sensory impairment | <input type="checkbox"/> | <input type="checkbox"/> |

Is this person your:

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Mum | <input type="checkbox"/> Dad | <input type="checkbox"/> Brother/step brother |
| <input type="checkbox"/> Sister/step sister | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Other (please state) _____ |

Do you help with:

- | | | |
|--|--------------------------|--------------------------|
| • Personal Care – Giving medication, changing dressings, helping with mobility. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Emotional Support – Keeping them company, making sure they are okay, monitoring their moods. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Intimate Care – Washing, dressing and assisting with toilet requirements. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Household Chores – Washing, cooking, cleaning, shopping, paying bills and going to the bank. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Childcare – Help to look after siblings if the person you care for is unable to do so on occasions, take siblings to school. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Other – Act as an interpreter at medical appointments for a family member who has communication difficulties or who's first language is not English. | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|---|--------------------------|--------------------------|
| • Do you sometimes feel stressed by trying to manage caring responsibilities and school work? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Would you like to access support and advice for young carers? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you worry about the person you care for? | <input type="checkbox"/> | <input type="checkbox"/> |

Thank you for taking the time to complete this questionnaire.