



Wee Carer Statement



Name: _____



What will happen to this information?

This is your statement and it is your way to tell an adult who you trust about your caring role. This will help you and the adult find ways to make your life and your caring role a bit easier.

The adult who works with you on your statement might be able to help you with everything you need. If they can't, they might know other people who can help.

Our agreement

Adult

- **I will make sure that you get a copy of your statement.**
- **I will share your statement with people if I think they can help you or your family, if you are happy for me to do so.**
- **I will let you know who I share this with, unless I am worried about your safety, about crime or cannot contact you.**
- **Only I or someone from my team will share your statement.**
- **I will make sure your statement is stored securely.**
- **Some details from your statement might be used for monitoring purposes, which is how we check that we are working with everyone we should be and in the correct way.**

Signed :

Young Carer

- **You will get a copy of your statement to keep.**
- **You know that your statement might get shared with other people who can help you and your family.**
- **You know what the adult supporting you will do with your statement and the information in it.**

Signed :




About me

HELLO
MY NAME IS

I like to be called:

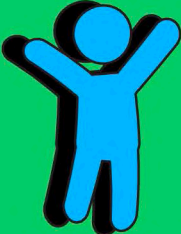


NAME:

My date of birth is



____/____/____

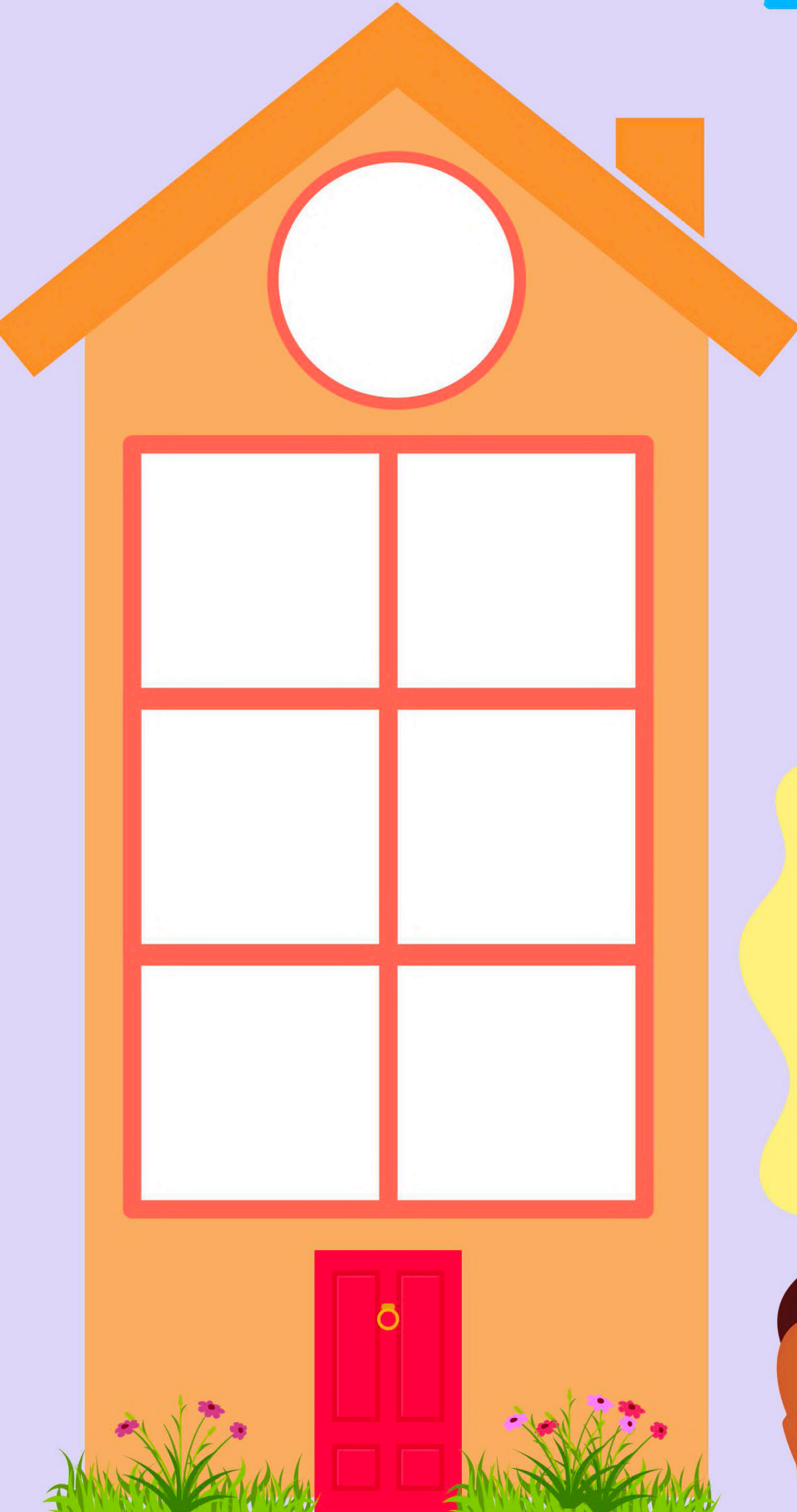
My gender is

Male Female Other

About me

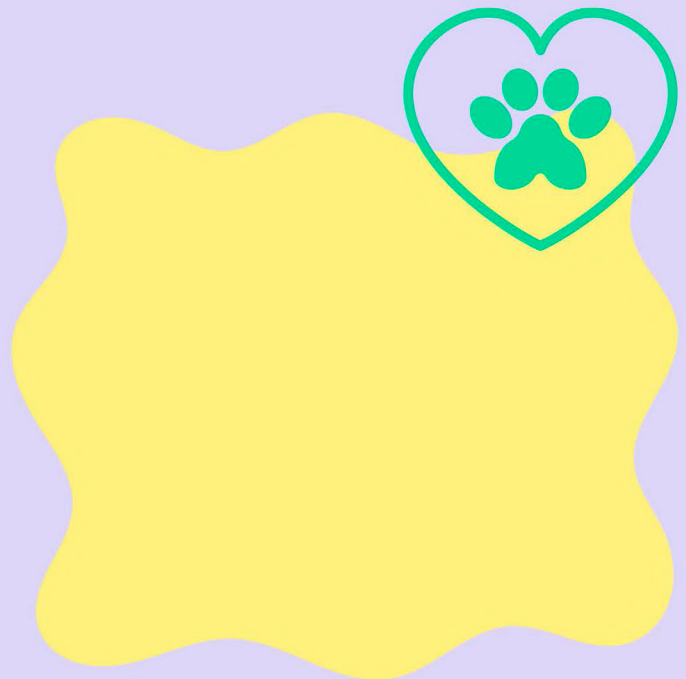
I live with



My address is

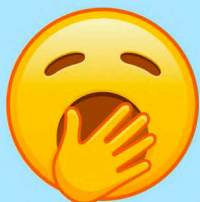


Do you have any pets?



About me

My physical health is....



I feel tired



I feel great



My emotional health is....



I feel sad



I feel happy



Anything else you would like to tell us?

My Caring Role

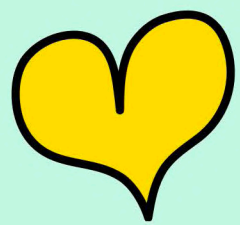
When I care...



M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

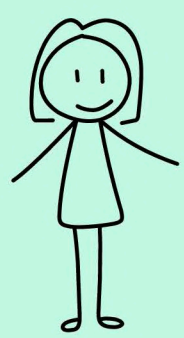
I started caring at age

The total hours I care per week is:

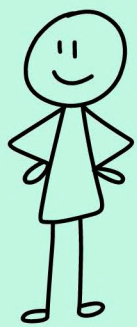


I am a carer for:

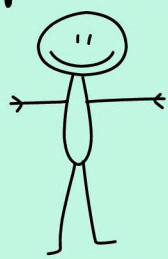
Mum / Step Mum / Carer



Dad / Step dad / Carer



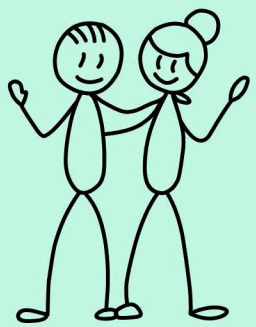
Brother(s)
Stepbrother(s)



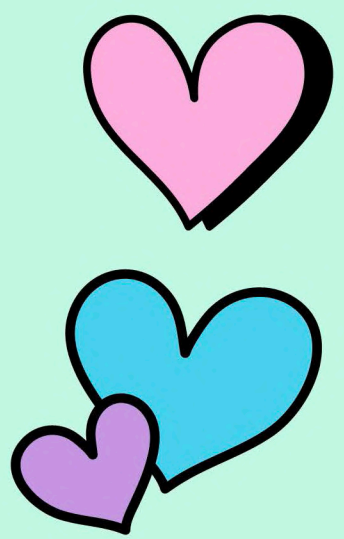
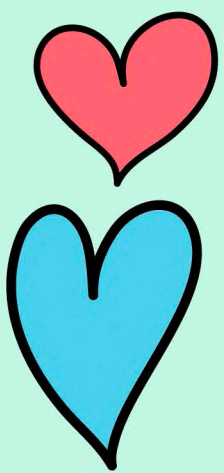
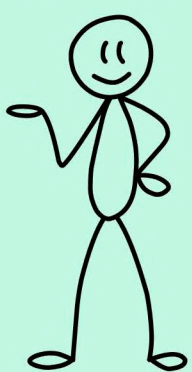
Sister(s)
Stepsister(s)



Grandparent(s)



Someone else



My Caring Role

BREAK
• the •
STIGMA

Name(s) of the people I care for:

I care for them due to: (Please circle all that apply)



Elderly



Disability



Translating



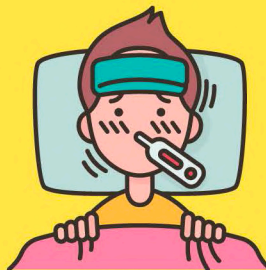
**Drug and Alcohol use
(including recovery)**



Communicating



Mental Health



Illness



Neurodivergent

My Caring Role

How I care... (Please circle below all that you do)



Stay in



Personal care



Emotional support



Cooking



Medication



Help communicating



Translating



Extra chores



Looking after brothers
& sisters



Physical care

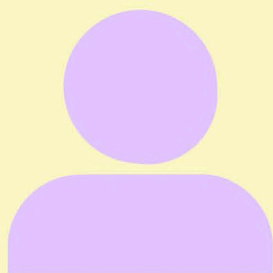


Keeping someone company

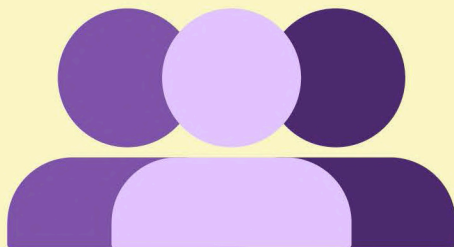
Anything else

My Caring Role

I am the:



The only carer



Someone helps me care

Who helps you care?

A purple rectangular box with a purple circle at the top center, intended for writing the names of people who help with care.

Do any other services help your family?

Do you feel people listen to you about your caring role?

Yes

No

Maybe



Is there any help you would like with your caring role?

If no, who?



My Caring Role

Has anything recently changed in your family?

Blank space for writing.



I enjoy doing...

Blank space for writing.



Sometimes I miss out on....

Blank space for writing.



School



My school is:



I am in primary:



My teacher is:



Does your school know you are a young carer?

Yes/No/Not sure

If No, would you like us to tell them?

Yes/No

If yes, who would you like us to tell?



School

Does your caring role impact on school in any way?

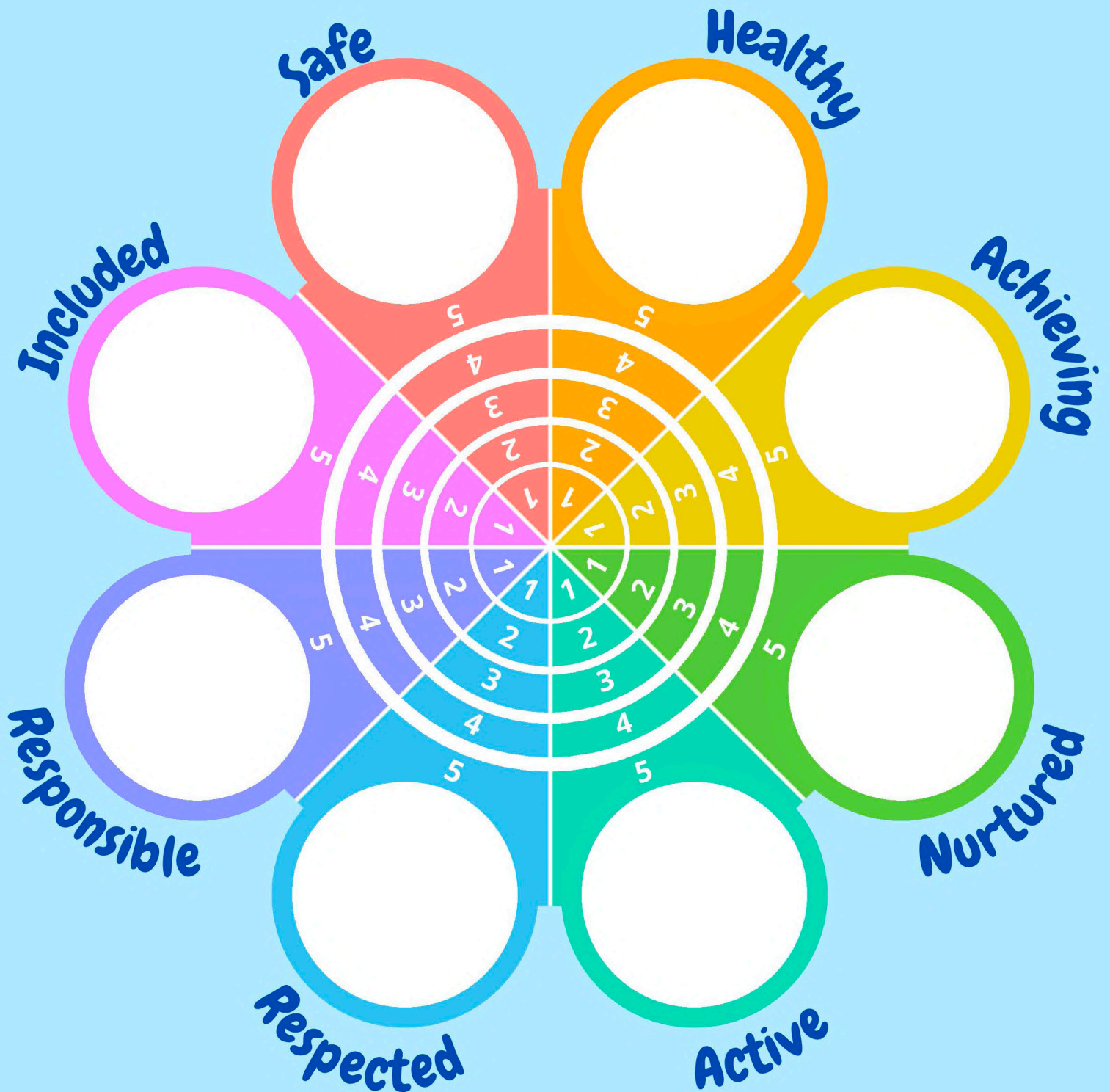
Yes / No / Sometimes

If yes or sometimes, please tell us about it.



Is there anything your school can do to support you as a young carer?

My Wellbeing Wheel



This is a wellbeing wheel with eight wellbeing indicators.

Rate how you feel from 1 to 5

1- Not at all, 2- Not very, 3- Fairly, 4- Mostly, 5- Very

My plan

Your plan is to make sure you have the same opportunities as other children who are not caring.

1

2


3

4

5

My plan

Who will help and what will happen?



Notes

Young Carer Notes



A large, empty rectangular area with a light yellow background, intended for writing notes. The area is framed by a black border and is positioned below the teal header bar. The bottom edge of the page shows a slight shadow, suggesting it is part of a notebook.



Office use only

Date YCS requested/offered: ____/____/____

Date parent/guardian informed: ____/____/____

This is a: New YCS Review of YCS

Is the Young Carer recorded on SEEMiS?

Yes No

Parent/Guardian Contact:

Name: _____

Telephone: _____

Email: _____

South Ayrshire



Young Carers



south ayrshire
health & social care
partnership

