

A guide to completing the online Carer's Assessment

You've chosen to do your carer's assessment online

Here's a step-by-step guide to completing that assessment.

Please note, the email address you provide must be one that only you have access to. If you share your email address with anyone else, including the cared for person, we can assist you to set up a new email account

- 1. You will receive an email containing a link which you will need to click on. Or you could copy and paste this into your web browser: https://forms.nottinghamshire.gov.uk/
- The link will take you to this page.
 You will need to either create an account if you havent done so before with Nottinghamshire County Council, or choose the 'Log in to your account' link if you have already set up an account with us.





3. If you choose to create an account, you will be taken to this screen where you will need to enter your email address and set yourself a password.

Nottinghamshire County Council	Create account	Log in
Nottinghamshire County Council		
Create an account		
Email address		
Password (must be at least 9 characters)		
Confirm password		
✓ Submit		
Nottinghamshire County Council		2

4. If you have created an account already and choose the option to log in, you will be taken to this screen where you will need to enter your email address and your existing password:

Nottinghamshire County Council		Create account	Log in
Nottinghamshin County Council	e		
Log in	Email address		
Password	Password		
Log in Register Forgotten your password	Cancel 1?		
Nottinghamshire			



5. Once you have created an account or logged in, you will see the screen below. You need to click on the **'My requests'** tab.

Nottinghamshire County Council	👗 Miss. Harriet Carer 👻	
Nottinghamshire County Council		
Popular online services All online services My requests		
Popular online services Click the service you need from our popular online services below, or view all our online services. Register to use our recycling centres		
Nottinghamshire County Council		
Copyright © Nottlinghamshire County Council 2015		

6. You will see the 'Assessment of carer's needs' option. Click the **'continue'** button next to this option.

Popular online service My reques	es Allonline services My request	.5				
Filter by All Show 10 entries						
FS-Case-12456325	Assessment of carer's needs	02 Feb 2017	AOCN	Continue	Open	
FS-Case-564507	Social Care Contact and Update Process	04 Aug 2015	Contact and Update Form	QView	Closed	
Showing 1 to 2 of 2 entries	5				Previous 1 Next	



7. You will be taken to the first page of the Assessment of Carer's Needs form. Once you have read the information, please click **'Next'**:

Assessmen	t of Car	er's Need	S			
Completing the form	Your details	Your information	Your health	Your needs	Your caring role	Further information
Check and submit						
Completing t	he form					
Please can you complete t	his form and retu	urn it to us by .				
Using the form						
• the * means you must o	complete the que	estion				
 click 'Save', only if you 	want to exit the	form and return to it la	ater - you will be	sent an email wi	th a link to continue t	he form
• use the 'Next and 'Prev	vious' buttons to	move through the for	m			
 when you complete a s 	ection, the head	ing on the progress ba	r will turn green.			
Remember						
 it will take approximat 	ely an hour to co	mplete				
complete the assessme	ent as soon as po	ssible, but no later tha	n the date on the	e form		
 provide as much inform think about what you of 	hation about you to and how it imp	ir caring role so we cai bacts on vou.	h understand you	ur situation		
If you are having any diffic	culties the f	orm, please contact th	ne Customer Ser	vice Centre on 0	300 500 80 80.	
Next >						🖺 Sav



8. You will then be taken to the 'Your details' screen where some of your information will already be populated. If any of these details are incorrect, please complete and submit the form as normal. A social care worker will telephone you after they receive the completed form; make them aware of any incorrect details on the form and they will update our system. You will need to enter the details of the person or people you care for before clicking the **'Next'** button.

Popular online services	All online servic	ces My requests
Assessmen	t of Carer'	's Needs
Completing the form	Your details You	our information Your health Your needs Your caring role Further information
Check and submit		
Your details Below are the personal de any changes when they co	tails we have for you. I ntact you after the for	If the details are not correct please continue the form. You can tell the Carer Support Service about rm is submitted.
Name		Imogen Carer
Address		47, Loughborough Road, West Bridgford, NG2 7LA
Postcode		NG2 7LA
Telephone		01151234567
Date of birth		22/11/1966

Personal details of the person or peo	ple you care for		
Name *			
Postcode *			
Select Address *	Select		•
Your relationship with the person you care for. For example, you are their daughter.			
Please tell us briefly about the care and support you provide. Please indicate the main condition of the person you care for. Think about what you feel is most valuable and positive about what you do. *			
Do you care for another person?			
✓ Add Person			
Next >		🖺 Save	Previous



9. You will be taken to the 'Your information' screen. Once you have answered the questions, please click the **'Next'** button.

Nottinghamshire County Council	🛔 Mrs. Imogen Carer 🗸
Nottinghamshire County Council	
Popular online services All online services My requests	
Assessment of Carer's Needs Completing the form Your details Your information Your health Your needs Your caring role Further information	
Check and submit Your information	
Everyone working in adult social care has a duty to keep your information confidential. However, we may need to share information about you other professionals or agencies in order to provide you with the best service possible.	Jwith
You have my permission to share information Yes about me You have my permission to share information No	*
In exceptional circumstances we are required to share your information without your permission. This is where there is a risk of harm or abuse or other people.	e to you
Next > Save Prev	rious



10. You will be taken to the 'Your health' screen. Once you have answered the questions, please click the **'Next'** button.





11. You will be taken to the 'Your needs' screen. Please answer each question before clicking the **'Next'** button at the bottom of the page. You can use the scroll bar at the side of the page to move up and down the screen to enable you to see all of the questions.

	nformation Your health Your needs Your caring role Further information
Check and submit	•
Your needs	
he questions that follow are about establishing the	Impact that your caring role may have on your health, day to day life and responsibilities.
Vhen answering the questions, choose the answer	that best reflects the impact of your caring role.
Keeping your home clean and	safe
lease think about the condition of your home. Con ignificant risk to your wellbeing. For example, a ha	isider whether it is a safe and appropriate environment to live in and whether it presents any oitable home should be safe and have amenities such as water, electricity and gas.
Can you maintain a habitable home for yourself	O My caring role has no impact on my ability to maintain my home
alongside your caring role? *	O My caring role is having some impact on my ability to maintain my home
	O My caring role is having significant impact on my ability to maintain my home
	○ I am unable to maintain my home due to my caring role
Caring for children	
'lease consider any parenting or other caring respo randparent with caring responsibilities for your gr	nsibilities you have for a child/children under the age of 18. For example, you may be a andchild whilst their parents are at work.
Can you carry out any parental/caring responsibilities you have for a child/children	O I do not have any parental/caring responsibilities for a child
	O My caring role is having some impact on my ability to carry out my parental/caring responsibilities
	 My caring role is having a significant impact on my ability to carry out my parental/caring responsibilities
	O I am unable to maintain my parental/caring responsibilities due to my caring role
Caring for other adults	
Caring for other adults Other than the person(s) named on this form, do yo	a provide care or support to any other adults? For example, you may also have caring
Caring for other adults Other than the person(s) named on this form, do yo esponsibilities for a parent in addition to caring for	u provide care or support to any other adults? For example, you may also have caring the adult with care and support needs.
Caring for other adults Other than the person(s) named on this form, do yo esponsibilities for a parent in addition to caring for Can you carry out any additional caring	u provide care or support to any other adults? For example, you may also have caring the adult with care and support needs.
Caring for other adults Other than the person(s) named on this form, do yo responsibilities for a parent in addition to caring for Can you carry out any additional caring responsibilities you have alongside your caring role? *	u provide care or support to any other adults? For example, you may also have caring the adult with care and support needs. I do not have any additional caring responsibilities My caring role has no impact on my ability to carry out additional caring responsibilities
Caring for other adults Other than the person(s) named on this form, do yo responsibilities for a parent in addition to caring for Can you carry out any additional caring responsibilities you have alongside your caring role?	u provide care or support to any other adults? For example, you may also have caring the adult with care and support needs. I do not have any additional caring responsibilities My caring role has no impact on my ability to carry out additional caring responsibilities My caring role is having some impact on my ability to carry out additional caring responsibilities
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Caring for other adults Other than the person(s) named on this form, do yo esponsibilities for a parent in addition to caring for Can you carry out any additional caring esponsibilities you have alongside your caring ole? *	u provide care or support to any other adults? For example, you may also have caring the adult with care and support needs. I do not have any additional caring responsibilities My caring role has no impact on my ability to carry out additional caring responsibilities My caring role is having some impact on my ability to carry out additional caring responsibilities My caring role is having significant impact on my ability to carry out additional caring responsibilities My caring role is having significant impact on my ability to carry out additional caring responsibilities I am unable to maintain my additional caring responsibilities due to my caring role
Caring for other adults Other than the person(s) named on this form, do yo esponsibilities for a parent in addition to caring for Can you carry out any additional caring responsibilities you have alongside your caring role? * Maintaining relationships	u provide care or support to any other adults? For example, you may also have caring the adult with care and support needs. I do not have any additional caring responsibilities My caring role has no impact on my ability to carry out additional caring responsibilities My caring role is having some impact on my ability to carry out additional caring responsibilities My caring role is having significant impact on my ability to carry out additional caring responsibilities I am unable to maintain my additional caring responsibilities due to my caring role
Caring for other adults Other than the person(s) named on this form, do yo responsibilities for a parent in addition to caring for Can you carry out any additional caring responsibilities you have alongside your caring role? * Maintaining relationships Please consider whether your caring role impacts o prevents you from keeping in touch and spending ti	u provide care or support to any other adults? For example, you may also have caring the adult with care and support needs. I do not have any additional caring responsibilities My caring role has no impact on my ability to carry out additional caring responsibilities My caring role is having some impact on my ability to carry out additional caring responsibilities My caring role is having significant impact on my ability to carry out additional caring responsibilities I am unable to maintain my additional caring responsibilities due to my caring role h your ability to maintain relationships with people who are important to you. For example, if me with family or friends, or meeting new people.
Caring for other adults Other than the person(s) named on this form, do yo responsibilities for a parent in addition to caring for Can you carry out any additional caring responsibilities you have alongside your caring role? • Maintaining relationships Please consider whether your caring role impacts of prevents you from keeping in touch and spending ti Can you keep in contact with people as you would	u provide care or support to any other adults? For example, you may also have caring the adult with care and support needs. I do not have any additional caring responsibilities My caring role has no impact on my ability to carry out additional caring responsibilities My caring role is having some impact on my ability to carry out additional caring responsibilities My caring role is having significant impact on my ability to carry out additional caring responsibilities I am unable to maintain my additional caring responsibilities due to my caring role n your ability to maintain relationships with people who are important to you. For example, if me with family or friends, or meeting new people.
Caring for other adults Other than the person(s) named on this form, do yo responsibilities for a parent in addition to caring for Can you carry out any additional caring responsibilities you have alongside your caring role? • Maintaining relationships Please consider whether your caring role impacts o prevents you from keeping in touch and spending ti Can you keep in contact with people as you would like to alongside your caring role? •	u provide care or support to any other adults? For example, you may also have caring the adult with care and support needs. I do not have any additional caring responsibilities My caring role has no impact on my ability to carry out additional caring responsibilities My caring role is having some impact on my ability to carry out additional caring responsibilities My caring role is having significant impact on my ability to carry out additional caring responsibilities I am unable to maintain my additional caring responsibilities due to my caring role n your ability to maintain relationships with people who are important to you. For example, if me with family or friends, or meeting new people. My caring role has no impact on my ability to maintain relationships My caring role has no impact on my ability to maintain relationships
Caring for other adults Other than the person(s) named on this form, do yo responsibilities for a parent in addition to caring for Can you carry out any additional caring responsibilities you have alongside your caring role? • Maintaining relationships Please consider whether your caring role impacts o prevents you from keeping in touch and spending ti Can you keep in contact with people as you would like to alongside your caring role? •	u provide care or support to any other adults? For example, you may also have caring the adult with care and support needs. I do not have any additional caring responsibilities My caring role has no impact on my ability to carry out additional caring responsibilities My caring role is having some impact on my ability to carry out additional caring responsibilities My caring role is having significant impact on my ability to carry out additional caring responsibilities I am unable to maintain my additional caring responsibilities due to my caring role n your ability to maintain relationships with people who are important to you. For example, i me with family or friends, or meeting new people. My caring role has no impact on my ability to maintain relationships My caring role is having some impact on my ability to maintain relationships My caring role is having some impact on my ability to maintain relationships My caring role is having some impact on my ability to maintain relationships



W ork . t raining. education or volunteering

Please conside r whethe r your caring role impacts on your ability to work, find suitable work, study or volunteer.

Can you wor k and/or take part in training,. education or volunteer ing a longs ide your caring	I am not interested or cannot take part in work. training, educat io n or volun teer ing due to r easonsother than my caring role $% \left({{{\rm{D}}_{\rm{T}}}} \right)$
ro le?•	My caring role has no impact on my ability to take part in work, training and/or volunteering
	My caring role is havin g some impact on my ability to take part in work, training and/or volu nteer ing
	My caring role is having a s ig nificant im pact o n my abil i ty to take part in work. training and/or volunteering
	I am unable to maintain my work, training and/or volunteering due to my caring role

Using community facilities and services

Pleaseconsider whethe r you have the opportunity to make use of your local community's services and facili ties. For example, whethe r you have time to attend appointments, go shopping or go to a place of worship.

Can you make use of facilities/services in your local	My caring role has no impact on my ability to access facilities/se rvices		
community alongside your caring role? *	My caring role is havin g some impact on my ability to access facilit ies/services		
	My ca ring ro le is having a sig nificant impact on my ab il ity to access faci li ties/se rv ices		
	I am unable to access facilities/services due to my car ing role		

Leisure time

Next 🕻

Please consider whether you have the time for recreational activit i es such as reading, doing a hobby or exercising.

Can you engage in recreational activit ies alongside your caring role? $_{\rm n_{\rm o}}$	My caring role has no impact onmy ability to engage in r ecreational activities My caring role is having some impact on my ability to engage in recreat i onal activities
	My caring role is having a significant impact on my ability to engage in recreational activities
	r and unable to engage in recreational activities due to my caring role

Preparing and eating meals

Please consider whether you are able to shop for, andprepare adequate meals for you and your family. For example, you have time to doessential food shopping and prepare meals for you and your family.

Canyou manage and maintain nutrition alongside your caring role? .. My caring role has no impact on my ability to manage and maintain nutrition My caring role is having some impact on my ability to manage and maintain nutrition My caring role is having a significant impact on my ability to manage and maintain nutrition I am unable to manage and mainta in nutrition due to my caring role

Save

(Previous



12. You will be taken to the 'Your caring role' screen. Please answer each of the questions, considering how your caring role effects your life and how much time you spend caring. Click on the **'Next'** button when you have finished.

	•				
Check and submit					
Your caring role					
he next questions ask you about your role as a	carer.				
Do you care for the person on your own or do you hare this role with someone else? *	 I care for the person on my own I share the caring role with another person aged under 18 I share the caring role with another person aged 18 or over 				
	O I share the caring role with more than one other person				
Dver a typical day, how many hours of care do you orovide? *	 Less than 1 hour a day Between 1-2 hours a day Between 2-3 hours a day Between 3-5 hours a day Between 5-8 hours a day More than 8 hours a day 				
Does your caring role affect the amount of sleep rou get? *	 No, my caring role does not affect how much sleep I get Yes, my caring role sometimes affects the amount of sleep I get Yes, my caring role often affects the amount of sleep I get and I rarely get the sleep I need Yes, my caring role means that I never get a good night's sleep 				
Does your physical and/or mental health have an impact on your ability to continue with your caring role? •	 My health has no impact on my ability to continue my caring role My health may have an impact on my ability to continue my caring role My health is having some impact on my ability to continue my caring role My health is having a significant impact on my ability to continue my caring role 				
Are you willing and able to continue caring at the level you currently provide? *	 I am willing and able to continue caring at current levels without any support I am willing and able to continue caring at current levels with occasional support I am willing and able to continue caring at current levels with regular support I am not willing and/ or able to continue caring at current levels 				
Next >	🖺 Save < Previo				



13. In the 'Further Information' section we would like to know a bit more about you and what you feel is important in your life. We would also like to know how the person you care for would manage if you were unable to continue providing support. Click the **'Next'** button when you are ready to proceed.

Assessment of Carer's Needs

Completing the form Your details Your in	formation	Your health	Your needs	Your caring role	Further info	ormation
Check and submit						
Further information						
About you and what's importan	it to you					
Please tell us about yourself and what is important to you. Think about what you enjoy and what changes could improve your quality of life. *						
About the person you care for						
What would happen to the person you care for if support was not provided by you? Do you feel they would benefit from further support? *						
Would the person you care for benefit from extra- care and support? *	O Yes O No					
Next >				8	Save	Previous



14. You are now at the final screen where you have the opportunity to check the information you have provided to us. You can do this by using the 'next' and 'previous' buttons or by clicking on the headers which will take you to the corresponding section of the form. Once you are happy with your responses you can click on the **'submit'** button. Please be aware that once you have submitted your form, you will not be able to make any further changes.

ottinghamshire County Council	🏝 Mrs. Imoger
Nottinghamshire County Council	
Assessment of Carer's Needs	
Check and submit	_
Before you submit the form:	
 please read through the form, either by selecting the headings on the progress bar or by using the 'Next' and 'Previous' buttons check that the information is accurate you will not be able to reopen the form once it is submitted. 	
Once you are happy, please submit the form.	
✓ Submit	vious

15. Once you have submitted your answers, a summary screen of the assessment will be displayed. You will be able to download this as a pfd. and print it out for your records.

What next?

The information on the form will be reviewed by one of our Carer Support Workers. They will contact you within 5 working days to discuss what happens next. You can request a hard copy of your assessment be sent to you if you wish.

If you are experiencing any problems not covered in this step-by-step guide, please contact our Customer Service Centre on 0300 500 80 80.

The Council is committed to protecting your privacy and ensuring all personal information is kept confidential and safe. For more details see our general and service specific privacy notices at: https://www.nottinghamshire.gov.uk/global-content/privacy