

PERSONAL CARE PLAN

This plan should only be used if a medical condition limits a young member's ability to join in normal unit activities or she has a medical condition which makes an emergency likely during unit activities.

If the member has a pre-existing health care plan it is **not** necessary to complete a Girlguiding UK plan.

This plan should be completed jointly with the parent/carer and young person (if appropriate). It should be used in addition to the relevant Girlguiding UK forms such as Starting Rainbows/Brownies/Guides/Senior Section, G/C (consent form), G/H (health form) and G/O (one-day activity form). It is designed to ensure you have sufficient information to manage the young person's health condition during meetings, on outings, residential events and so on. It is important that the plan is reviewed regularly to ensure it is up to date. If you feel you require further information/training/advice please contact your Commissioner or County/Region Special Needs Adviser.

Name Date of birth

To enable us to promote the independence of the person named above while taking part in guiding, it would be helpful if you would provide us with the following information.

This information is strictly confidential and will only be read by the Leaders involved with this unit.

Contact information

Name

Relationship Tel.

Name

Relationship Tel.

Assistance needed with	No	Yes	Please suggest ways we can help achieve this
Sleeping <ul style="list-style-type: none"> • sleep routines • getting into/out off bed • sleep walking • night time continence • turning and positioning • any other sleep/bedtime support 			
Washing <ul style="list-style-type: none"> • body and face • hair • brushing teeth • brushing hair • taking a shower • any other washing support 			
Meal times <ul style="list-style-type: none"> • preparing food/drink • carrying food/drinks • cutting up food • eating (eg special cutlery) • feeding • any other meal times support 			

Assistance needed with	No	Yes	Please suggest ways we can help achieve this
Toileting and personal care <ul style="list-style-type: none"> • reminding about using the toilet • getting to the toilet • using the toilet • continence aids • cleaning self • any other personal care support 			
Dressing and undressing <ul style="list-style-type: none"> • getting dressed • getting undressed • choosing suitable clothing • reminding to change clothes • packing/unpacking • any other dressing and undressing support 			
Mobility <ul style="list-style-type: none"> • moving around • mobility aids • any other mobility support 			
Personal awareness <ul style="list-style-type: none"> • finding places • danger awareness • routine • anxiety • any other personal awareness support 			
Any additional support (please give details)			

I authorise the Leader in charge, , to provide the support suggested above for

Signature of parent/carer/member Date

Signature of Unit Leader Date

Date plan to be reviewed