



_____’s Individual Support Plan

This plan helps us understand how to support you at Scouts. Fill it out with your Group Lead Volunteer, using the questions to guide you. Use easy to understand language so people reading the plan know how to support you. Share what you feel comfortable with.

Read our guidance on [planning individual support](#) before completing this plan. If you’d like further support, contact your District Lead Volunteer, County Lead Volunteer, Inclusion Lead (if available), or the [Support Centre](#). We welcome any [feedback](#) on this plan.

My Disability/Health Condition and Communication

Can you tell us about your disability/health condition?

How might/does it affect you when you’re at Scouts?

How do you communicate, and how would you like people to communicate with you? For example, verbally with clear and direct language.

My Support

Complete this section if you have regular care or support while volunteering. For intimate or personal care, only a Designated Carer can provide personal and intimate care for a person over the age of 18. Please refer to the [Intimate and Personal Care Policy](#).

| Name of carer/s or helper/s | | How I know them | |
|--|------------------|-----------------|--------|
| The role they will have (delete as appropriate) | | | |
| Designated Carer | Nominated Person | General Support | Other: |

Our Plan

| Area of support | Things that might be a barrier to access | What can we do to overcome these barriers? | How will you know I need help? | Are there any events or activities that might need further planning? |
|---|--|---|--|---|
| What do you need help with? What would make Scouts easier and more fun for you? Do you experience sensory sensitivities (e.g. loud noises, bright lights, strong smells or certain textures)? | Is there anything in the way of you being able to join in? Are there any activities or parts of Scouts (like events or Nights Away) that you might need support with? Are you able to access our usual meeting place and HQ (if needed)? | What can we do to help you join in? What helps you take part in activities? Are there any adjustments or changes that would make things easier for you? Do you use any equipment? Will a carer or helper be providing support? If so, what will they help with? | How can we support you when you're struggling? Are there any early signs that might show you need support? How would you like to tell us if you need help? | When might you need extra support? Think about Nights Away, water activities, adventurous activities, travel, training, show performances, longer than usual meetings etc. What extra support might you need? |

Is moving around difficult for you?

Is there anything else you need support with?

Have you found any adjustments that work well for you outside of Scouts that might be useful to share?

My Medication [read our safety guidance on [personal medication](#)]

| Name of medication | Dosage, frequency and time of day | Who will administer medication? | Storage and disposal |
|--|---|--|--|
| What is the name of any medication you take? | What is the dosage of your medication? How often do you take your medication? What time of the day do you take your medication? | Will you take your medication yourself? Do you need anyone to help you take your medication? If so, who? | Where will your medication be stored? How will any unused medication be disposed of? |
| | | | |

My plan was created and agreed by

| | | | |
|-------------------------|--|--------------------------------------|--|
| Date plan was created: | | How often will the plan be reviewed? | |
| Date plan was reviewed: | | Next review date: | |

| | | | | | | | |
|------------------------------|--|------------------------------------|--|-----------------------------|--|----------------------------|--|
| Network member's (your) name | | Carer or helper's (if needed) name | | Group Lead Volunteer's name | | Section Team Leader's name | |
| Signature | | Signature | | Signature | | Signature | |

Individual Support Plan for Intimate or Personal Care - Additional authorisations

Complete this section when a Network member needs support with intimate or personal care. Read the [Intimate and Personal Care Policy](#) for more information.

Designated Carer

Only a Designated Carer can provide personal and intimate care for a person over the age of 18. A Nominated Person can't take on the care provision.

| | | | | | | |
|---|----------|--------------|---|-----|-----|-----|
| Name | | | | | | |
| Relationship to Network member | | | Qualifications & employment checked (only for care professionals) | N/A | Yes | No* |
| For Helpers providing frequent support or attending Nights Away - For more information visit Helper (with disclosure - DBS) | | | | | | |
| DBS required? | Required | Not required | DBS complete? | N/A | Yes | No* |

*If 'No' is selected anywhere on this plan it must not be authorised.

GDPR Note: We take personal data privacy seriously and we have a duty of care around the information contained within this form. The completed form will only be shared with volunteer team members with the subject's consent. The data shared in this form is to be securely stored (in secure online storage and/or as a paper-based record in a locked cabinet). Where the data is no longer required it should be securely destroyed. For further details please visit our [Data Protection Policy](#).