

Appendix 2-Individual Support Plan

_____ 's Individual Support Plan

We are working together to make some reasonable adjustments to help _____ as a member of _____.

About me

My leaders

Strengths		Section Leader	
Things I want to improve		Assistant Section Leaders	
My ambitions		Helpers & Young Leaders	

The person I have chosen to support me

Name of supporter/s	How I know them
Role they will have <i>(Select as applicable - consult the Individual Support Planning guidance for information on the use of these terms)</i>	
General Support	Nominated Person
Designated Carer	

Our plan

Additional Need or Individual Difference	Things that might be a barrier to access	What can we do to ensure there are no barriers? <i>Specific reference must be made to the Nominated Person or Designated Carer for Intimate or Personal Care</i>	Are there any events or activities that might need further planning?

Additional Need or Individual Difference	Things that might be a barrier to access	What can we do to ensure there are no barriers? <i>Specific reference must be made to the Nominated Person or Designated Carer for Intimate or Personal Care</i>	Are there any events or activities that might need further planning?

Our plan was created and agreed by

Plan created on:		Review date:	
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Young person		Parent/Carer		Leader		GSL (or DESC)	
Signed		Signed		Signed		Signed	

Complete 'Additional Authorisations' below where intimate or personal care is detailed above.

Individual Support Plan for Intimate or Personal Care - Additional authorisations

Nominated Person (delete if only Designated Carer)

NP 1		Membership No.	
Professional Role		Years of Experience	
Second Nominated Person (optional)			
NP 2		Membership No.	
Professional Role		Years of Experience	

Designated Carer (delete if only Nominated Person)

Name of Designated Carer		Parental Consent	Yes		No*	
Relationship to Young Person:		Suitability Checked (only for Care Professional)	n/a	Yes	No*	
Membership Required (only required if regulated activity)	Required	Not required	Membership Complete	n/a	Yes	No*

Authorisation for Intimate or Personal Care

CC/AC/RC or their Designated Representative		Role	
Signed		Date	

If 'No' is selected anywhere on this plan it must not be authorised. Once completed the Group Scout Leader (or DESC/Network Commissioner) should be made aware.

GDPR Note for Commissioners: We take personal data privacy seriously and we have a duty of care around the information contained within this form. The data shared in this form is to be securely stored (in secure online storage and/or as paper based records in locked cabinets). Where the data is no longer required it should be securely destroyed. For further detail please visit our Data Protection Policy [here](#).

Skills for life

Keeping Scouts Safe