

Appendix 3 – Adult Personal Care Plan

Adult Personal Care Plan

Individual Information



Where a volunteer has a disability or additional need (including as the result of injury) that may require support from The Scouts a care plan may be appropriate. This is a collaborative process and designed to enable an open conversation. The aim is to make sure The Scouts have sufficient information to identify whether support or reasonable adjustments may be required in order for the volunteer can participate fully within The Scouts. This plan must be reviewed yearly.

The information will be treated as confidential.

Name		Member no.	
Role in The Scouts		Date of Birth	
Address:			
Email		Phone	
Group		District	

Name of GP		Care Coordinator*	
Other named professionals* (e.g. healthcare professionals, OT or social worker) involved in your care)			

*if applicable

Carer or Responsible Adult Information (1)			
Name		Title	
Email		Phone	
Relationship:			
Address:			

Additional Emergency Contact (if appropriate)			
Name		Title	
Email		Phone	
Relationship:			

Medical Information

Relevant conditions, diagnosis or additional needs:

Significant past medical history:

Current medication and how administered:

Allergies:

Key Action Points

Views of individual and/or their carer:

What care, assistance or reasonable adjustments are required:

How the individual would wish for these requirements to be facilitated?

How can this be managed within Scouts?

Are any reasonable adjustments required?

Can the reasonable adjustments be met by The Scouts in support of this volunteer?

Intimate or Personal Care?

Does the care fall under the intimate or personal care policy?

Can the care requested be met within The Scouts :

Identification of who can supply this care and how (either a Professional Carer or Family Member):

Is The Scouts National Vetting Procedures required for the Designated Carer?

Details of the specific care plan agreed:

Personal Care Plan agreed by all parties (please select)	Yes	No
Drugs to be supplied (please select)	Yes	No
Adult Volunteer to supply any Health & Social Care Assessments	Yes	No
If No, specify reasons:		
Emergency care and treatment discussed & specify outcome:		
Date of Personal Care Plan		Date of Review

Signatories

Volunteer		Date	
Designated Carer		Date	
Carer or Responsible Adult		Date	
GSL/DESC/Network Commissioner		Date	

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](#).