# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s Individual Support Plan

**Use our guidance on** [**planning individual support**](https://www.scouts.org.uk/volunteers/equity-diversity-and-inclusion/supporting-people-with-additional-needs/planning-individual-support/) **to help you complete this plan.**

Scouts is open to all and aims to be fully inclusive. We respect each other and realise that we are all different and have different areas of strengths and challenges, this is what makes our groups so great. So that we can understand **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** better and help them enjoy being a member of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, we would love to get to know them more by completing this form.

This plan has been written by **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** on behalf of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

|  |  |  |  |
| --- | --- | --- | --- |
| About me | | My leaders | |
| **My strengths** |  | **Section Team Leader** |  |
| **Section Team Members** |  |
| **My needs** |  | **Young Leaders** |  |
| **Group Lead Volunteer** |  |
| **My ambitions** |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The person I have chosen to support me | |  | | |
| **Name of helper/s** |  | | **How I know them** |  |
| **The role they will have: (delete as appropriate)** | | | | |
| General Support | Nominated Person | Designated Carer | 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?** |
|  |  |  |  |  |

## Medication needs [read our safety guidance on [personal medication](https://www.scouts.org.uk/volunteers/staying-safe-and-safeguarding/incidents-and-illness/first-aid-kits-and-accident-books/first-aid-kits/personal-medication/)]

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of medication** | **Dosage, frequency and time of day** | **Who will administer medication** | **Storage and disposal** |
|  |  |  |  |

## Our plan was created and agreed by

|  |  |  |  |
| --- | --- | --- | --- |
| **Plan created on:** |  | **Review frequency:** |  |
| **Review date:** |  | **Review date:** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Parent/carer** |  | Young person  (if over 16) |  | **Leader** |  | **GLV** |  |
| **Signed** | X | **Signed** | **X** | **Signed** | **X** | **Signed** | **X** |

# Individual Support Plan for Intimate or Personal Care - Additional authorisations

**Read the** [**Intimate and Personal Care Policy**](https://www.scouts.org.uk/volunteers/staying-safe-and-safeguarding/intimate-personal-care-policy-procedures/) **for more information.**

## **Nominated Person (delete if only Designated Carer)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NP1** |  | | | **Membership Number** |  | |
| **Professional Role** |  | | | **Years of Experience** |  | |
| **Professional Reference** | Yes  (satisfactory) | Yes  (unsatisfactory) | No\* | **NP Training Complete**  **(+DBS/Safety/Safeguarding)** | Yes | No\* |

## **Second Nominated Person (optional)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NP2** |  | | | **Membership Number** |  | |
| **Professional Role** |  | | | **Years of Experience** |  | |
| **Professional Reference** | Yes  (satisfactory) | Yes  (unsatisfactory) | No\* | **NP Training Complete**  **(+DBS/Safety/Safeguarding)** | Yes | No\* |

## **Designated Carer (delete if only Nominated Person)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | **Parental Consent** | Yes | | No\* |
| **Relationship to Young Person** |  | | **Qualifications & Employment Checked**  (only for Care Professional) | n/a | Yes | No |
| [**Helper (with disclosure (DBS))**](https://www.scouts.org.uk/volunteers/volunteer-experience/volunteering-together/what-this-means-for-you/team-members-and-helpers/) **Required** (only required if frequent support or nights away) | Required | Not Required | [**Helper (with disclosure (DBS))**](https://www.scouts.org.uk/volunteers/volunteer-experience/volunteering-together/what-this-means-for-you/team-members-and-helpers/) **Complete** | n/a | Yes | No |

## **Authorisation for Intimate or Personal Care**

|  |  |  |  |
| --- | --- | --- | --- |
| **County Lead Volunteer or Designated Representative** |  | **Role** |  |
| **Signed** |  | **Date** |  |

**\*If ‘No’ is selected anywhere on this plan it must not be authorised.** Once completed a copy must be sent to the relevant District Lead Volunteer for all intimate or personal care plans.

**GDPR Note for Lead Volunteers:** 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.](https://www.scouts.org.uk/about-us/policy/data-protection-policy/)