

Personal Care Plan

Registered charity number 306016.



WE DISCOVER, WE GROW

Girlguiding

Use this plan only if a young member has an additional need or requirement that means she needs support with personal care during unit activities or residential events.

Please note that it is not a requirement to complete the Girlguiding Personal Care Plan for members with additional needs. If a member has a pre-existing personal care plan this can be used in place of a Girlguiding plan. This should be used to facilitate a discussion with the parents about how best to support the young person.

Complete this plan together with the parent/carer and young person (if appropriate). Use it in addition to the relevant Girlguiding forms such as Starting Rainbows/Brownies/Guides/The Senior Section, Information and Consent for Event/Activity, and Health Information. This plan is designed to ensure you have sufficient information to manage a young person's personal care during meetings, on outings, at 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 or advice, please contact your Commissioner or Country/Region Adviser for members with additional needs.

Name _____ Date of birth _____

Address

Date of personal care plan _____ Review date _____

I authorise the Leader in charge, _____, to provide the support suggested below for my child.

Signed (parent/carer) _____ Date _____

Does your child need any of the following assistance? If 'Yes', please suggest ways we can help achieve this.

Sleep/bedtime support No Yes How can we help achieve this?

Support at mealtimes No Yes How can we help achieve this?

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Washing/bathing support No Yes How can we help achieve this?

Other toileting/personal support No Yes How can we help achieve this?

Support with dressing and undressing No Yes How can we help achieve this?

Mobility assistance No Yes How can we help achieve this?

Personal awareness assistance No Yes How can we help achieve this?

Any other additional support (please give details) No Yes How can we help achieve this?

Parent/carer contact information

Name _____ Telephone _____

Address (if different from child's)