



Name:			
Date of birth:		M/F other:	
Address:			
Postcode:			
Telephone:			
Email:			
Best time to contact you? Morning or afternoon			
Which GP do you attend?			
Are you Current Carer/After Carer/ Young adult carer 18-25/mental health carer?			

We need these details to ensure they are correct for the service area

Name:	
Address:	
Postcode:	
GP:	
Relationship to you:	

How would you rate your confidence when using digital technology in each of the following areas, where 1 is 'terrified' and 10 is 'I am confident doing everything in this area on my own without help'?

Basic skills

Turning on your device, using the mouse/touchscreen, choosing the right app or website, changing your password, etc.

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Communication

E-mail, WhatsApp, Facebook, Instagram, video calling, using a computer to write a document like a letter or CV.

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Using information and content

Finding information on the Internet, watching TV or listening to music online, backing up or sharing photos or documents in 'the cloud', how to tell if information is true/reliable.

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Transacting online

Online shopping, filling in forms or making bookings online, e.g. for train tickets, doctors' appointments, prescriptions, TV licenses, benefits, checking bank statements, etc.

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Problem solving

Using the Internet to find a solution when something goes wrong or to learn new skills.

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Being safe and legal online

Avoiding scams and viruses, making sure you don't get hacked, keeping your device up to date.

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Which one area do you want to focus on improving?

Basic skills Communication Using information and content

Transacting online Problem solving Being safe and legal

Something else? (Please specify) _____

Download the file and fill in the boxes electronically, or print it out and complete it by hand. Once you're done, you can either email it to us or post it to the address below:

 Carers Count Calderdale, 14-16 Hall Street, Unit 6B Rimani House, Halifax HX1 5BD

 Calderdale@carerscount.org.uk

 01422 369101

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