

**THE RESPITE ASSOCIATION**  
**102, HIGH ROAD, MOULTON,**  
**NR.SPALDING, LINCS, PE12 6PD TEL:01406-373163**

**APPLICATION FOR RESPITE FUNDING**

Name \_\_\_\_\_

Address \_\_\_\_\_

Tel \_\_\_\_\_ Email \_\_\_\_\_

Please give a brief explanation of the care you are personally providing  
(see Note 2 below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relationship to person you are caring for \_\_\_\_\_

Are you employed  Unemployed  Retired

Are you currently receiving Respite Care? Yes  No

If Yes, please describe what assistance you are getting

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your existing Respite Care funded by Government  Local Govt  Personally   
other means  (give details- see note 3 below)

\_\_\_\_\_

\_\_\_\_\_

Please give a brief explanation of the kind of Respite Care you require

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If Funding is provided, where will you obtain the Carer Services from?

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For how much time will the care be provided? \_\_\_\_\_

How much will the Carer be charging? \_\_\_\_\_

Is the Carer professionally qualified? Yes  No

If yes give details

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If no how can you be sure that the level of care will be suitable?

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Will you be able to provide evidence of payment?(Invoices etc) Yes  No

Please confirm total funding required for the Respite Care you are seeking

£

How much of this are you seeking our assistance with?

(we will fund up to 100% in some cases)

£

DATE:..... Where did you hear about us.....

**If The Respite Association is able to assist, you will receive a formal offer letter requiring your written acceptance, you will need to get this letter countersigned by someone who can vouch for the suitability of your application, this can be a Doctor, District Nurse, Social Worker, Church Minister etc. If you have been referred to us via another Registered Charity, one of their Officers can countersign for you. Acceptance forms must be returned to us within one month otherwise we will assume that you do not require the grant and will allocate the money elsewhere.**

### **NOTES**

- 1. Confidentiality: Details contained within your application form will not be made available to the general public, but will remain confidential. The Respite Assn is registered under the Data Protection Act 1998.**
- 2. This need not be detailed in regard to medical conditions, we merely need to have a clear grasp of the basic problem, we have no desire to invade your privacy.**
- 3. Brief details of existing care and who provides it is all that is needed.  
The Respite Association is a registered charity – number 1086598**