

THE RESPITE ASSOCIATION
Greystones, 4 Lowgate Lane, Bicker, Nr Boston, Lincs, PE20 3DG
TEL: 01775 820176

APPLICATION FOR RESPITE FUNDING

Name _____

Address _____

Tel _____ Email _____

Please give a brief explanation of the care you are personally providing
(see Note 1. 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 2. 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?

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

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

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.

IMPORTANT- Please read the following before submitting your form.

DATA PROTECTION AND PRIVACY DECLARATION

The Respite Association requires the information requested on this form for the sole purpose of enabling us to decide whether a grant for Respite Care can be provided for you. Without the information contained within the form we are unable to process any application. The information on the form will not be transferred in any way to a third party unless we are required to do so by law and will be stored securely. The Information will also be recorded on an encrypted database for our internal use. However, all the details mentioned above will be removed from our computer after two years and the paper files will be securely destroyed at the same time so that we retain no personal information about you beyond that point.

In order to process your application, we are required under Data Protection rules to ensure that you understand and agree to the retention of your personal details as set out above if you are happy to give your permission for the information to be held by us as described above please sign the authority form below.

Full copies of both our Privacy Policy and our Data Protection Policy can be seen on our Website, and paper copies can be provided upon request to our office.

Authority to retain information

I have read and understood the Respite Associations declaration regarding the retention of and use of my personal information contained within this form and hereby give them my permission to retain it in the ways and for the uses described and for the period of time specified (two years).

Signature: (NOT printed).....

Print Name:..... Date.....

NOTES:

- 1. 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.**
- 2. Brief details of existing care and who provides it is all that is needed.**