

## APPLICATION FOR RESPITE FUNDING

Highfield Barn, Lewdown, Okehampton, Devon EX20 4DS

Tel: 01566 783383 Email: [help@respiteassociation.org](mailto:help@respiteassociation.org)

Title  First Name  Last Name

Address

Tel  Email

Please give a brief explanation of the care you are personally providing

(This need not be detailed we merely need to have a clear grasp of the basic problem though a diagnosis is requested)

Relationship to person you are caring for

Are you currently receiving Respite Care? Yes  No

If yes, please describe what assistance you are getting including how many hours/days per week:

Is your existing Respite Care funded by: Government  Local Govt  Personally  other means   
(please give details - brief details of existing care and who provides it is all that is needed)

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

For how much time will the care be provided?

How much will the Carer be charging?

If the care is to be provided by an organisation please give their details below. If care is to be provided by an individual please give their name, registration number (and the organisation with which they are registered) or details of their certification (a copy of the certificate will be required when they send an invoice for payment if a grant is offered)

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)

£

Have you received funding from The Respite Association before? Yes  No

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.

**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.

By applying for a grant, and signing this form, you are giving The Respite Association permission for your information to be held and used as described above.

Full copies of both our Privacy Policy and our Data Protection Policy can be found 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 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.

Signed: ..... Print Name:  Date

Once completed please email the form to [help@respiteassociation.org](mailto:help@respiteassociation.org) or post to:

The Respite Association, Highfield Barn, Lewdown, Okehampton, Devon EX20 4DS

If a grant is approved an acceptance form will be emailed to you, to be printed, signed and returned via the post.

If you do not have the facility to print this form and would prefer to receive it by post please tick this box