

## APPLICATION FOR RESPITE FUNDING

Highfield Barn, Lewdown, Okehampton, Devon EX20 4DS

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

**Do not complete this form if you want to apply for a Carers' Break. Please email us and ask for an application for the holidays scheme.**

### Details of you the Carer (not the person being cared for)

Title First Name Last Name

Address

PostCode Tel Email

Please give **practical examples** of the type and level of care you are personally providing and why (This need not be detailed, we merely need to have a clear grasp of the challenges you face, **but a diagnosis is required**)

Relationship to person you are caring for & their name

How long have you been caring for them Their age if over 65 or under 18

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: Govt Local Govt Personally other means  
(please give brief details of existing care and who provides it)

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

(For example – Do you *just need help while you have a break?* or perhaps you want to *attend a family event or something else?*)

**\*The Following details must be completed, if left blank we will need to contact you for the information.**

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

(For example – *2 hours per week for 6 weeks* or *3 overnights* or *5 days* (so that we know exactly what you need)

\*How much will the alternative Carer be charging?

\*If the care is to be provided by an organisation please give their details below. If the 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 the care provider be able to provide an invoice for the care provided Yes No

(\*\*Please note we only accept hand written invoices in exceptional circumstances & with prior approval)

Please confirm the total cost for the Respite Care you are seeking (if greater than the sum requested from The Respite Association) £

How much of this are you seeking our assistance with? (we will fund up to 100% of the cost but our maximum grant is £500)

£

Have you received funding, or a free carers holiday, from The Respite Association before?

Yes No

If yes was the support supplied longer than 18 months ago? Yes No

Where did you hear about us

If The Respite Association is able to assist, you will receive a formal offer letter or email 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, Charity worker, church leader (eg: Minister, Rabbi, Imam) 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

*\*If you are emailing the form you do not need to sign it.*

Once completed please email the form to [help@respitassociation.org](mailto:help@respitassociation.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