

KNOWSLEY
CARERS PERSONALISED BREAK FUND
APPLICATION FORM

**Application Form to be completed by either the carer or supporter.
The form must be signed by the carer and supporter.**

Name of carer:	Telephone Number:	Date of birth:
Address:		
Postcode		
Please provide details of the person that you care for: (Name, address (if different), relationship to cared for, their age and their condition(s) and the nature of your caring role)		

Please describe any care package of support the cared for person might receive from Knowsley Council or health services (include any day or home care, short breaks/respite etc)

Please describe the type of break, service or item that will give you the personalised break that you need. (this description should include details or ideas of the planned break including duration & approximate dates.
Please emphasis the beneficial effects this break will have for you the carer)

Supporters Statement: Include name of organisation you belong to.

(Please use this as an opportunity to confirm that the person completing this application meets the eligibility criteria for the scheme.

Also what do you feel the outcomes for the carer will be from the break service they have requested or identified).

Carers Signature: _____ DATE: _____	Supporters Signature: _____ DATE: _____
Approved By (for Carers Centre) _____ Date: _____	By signing this form the carer agrees to share the information with the Knowsley Carers Centre and Knowsley MBC for operational and monitoring purposes.

Return this application to:

Knowsley Carers Centre
143 Bewley Drive
Knowsley
L32 9PE
Email: knowsley.carers@btconnect.com