|  |  |
| --- | --- |
| **Name of Councillor / Co-opted Member:** |  |
| **Address:** |  | **Post Code:** |  |

|  |  |
| --- | --- |
| **Name of Dependant(s)** |  |
| **Address:****If Different** |  | **Post Code:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Care** | **Times of Care / Session AM or PM** | **Council Approved Duty Undertaken i.e. Describe Duty, Name of Meeting etc.** | **Cost of Care** (Inc. Receipt) |
| dd | mm | yyyy |
|  |  | 20 |  |  |  |
|  |  | 20 |  |  |  |
|  |  | 20 |  |  |  |
|  |  | 20 |  |  |  |
|  |  | 20 |  |  |  |
|  |  | 20 |  |  |  |
|  |  | 20 |  |  |  |
| **Total** |  |

**Declaration:**

1. *I certify that for me to perform Councillor / Co-opted Member duties, this claim for the Reimbursement of necessary costs for the care of dependent children and adults (provided by informal or formal carers) and for personal assistance for the Council approved duties set out above is correct.*
2. *I understand that I must alert the Head of Democratic Services (HoDS) of any change of circumstance relating to this claim and failure to do so could result in a breach of the Members Code of Conduct concerning the stewardship of public funds.*
3. *The National Minimum Wage is the* ***minimum*** *hourly rate paid to a Carer. Higher payments may be made; however, the HoDS in consultation with the Section 151 Officer reserves the right to challenge excessive hourly rate claims and to reduce them to a more reasonable level.*
4. *I certify that the receipts attached relate to the Reimbursement of Costs of Care claim(s) above.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signed:** |  | **Date:** |  |  |
| **Authorised by:** |  | **Date:** |  |  |