|  |  |
| --- | --- |
| **Name of Councillor /**  **Co-opted Member:** |  |

|  |  |
| --- | --- |
| **Address of Councillor /**  **Co-opted Member:** |  |

|  |  |
| --- | --- |
| **Name of Dependant(s):** |  |

|  |  |
| --- | --- |
| **Address of Dependant(s)**  (If different to address of claimant) |  |

**Date(s), Time(s) & Cost of Care Claimed**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | | | **Time** | | **Length of Care** | | | **Cost of Care** | |
| **DD** | **MM** | **YYYY** | **From** | **To** | **Hours** | **Minutes** | **Session Cost** | **£** | **p** |
|  |  |  |  |  |  |  |  |  |  |
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| **Total Time & Cost:** | | | | |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Hourly Rate of Care:** | **£** |  |  |

|  |  |
| --- | --- |
| **Name of Carer:** |  |

|  |  |
| --- | --- |
| **Address of Carer:** |  |

|  |  |
| --- | --- |
| **Contact Details of Carer:**  e-mail / Phone |  |

|  |  |
| --- | --- |
| **Signature of Carer:** |  |

|  |  |
| --- | --- |
| **Date of Receipt:** |  |

**Note:** Please complete all shaded areas