The Leonardo Trust

5 Dunyeats Road, Broadstone, Dorset, BH18 8AA

Registered Charity No. 1086045

# APPLICATION FORM

|  |  |
| --- | --- |
| Carer’s name |  |
| Address |  |
| Telephone |  |
| Date of Birth |  |
| The name of the person you care for, and their date of birth. |  |
| What is their disability or illness? |  |
| How long have you been a full-time carer? |  |
| How much support do you get from Social Services or other care organisations? |  |
| What would you like us to provide to give you a break from caring? |  |
| If a holiday or short break, please answer next 6 questions. |  |
| 1. Where would you like to go? |  |
| 2. When, and for how long? |  |
| 3. Who, if anyone, would go with you? |  |
| 4. How much will this cost? (A guide is acceptable if exact cost is not known)  5. Is alternative care being provided? By whom? |  |
| 6. Are you or is anyone else able to contribute to the cost? |  |
| If you are not requesting a holiday or short break, how can we help you? |  |
| How much would it cost? |  |
| Please explain in your own words how our support would help you, as a carer |  |
| Please tell us about your financial circumstances, including any benefits you receive, and any savings you have.  (Not being in receipt of benefits, or having some savings, does not disqualify you from receiving our help) |  |

Signature of Applicant………………………………………………………..…Date……….……………

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| Please ask your social worker or other professional person who knows your situation well to add their report |  |

Signature of Supporting Professional……………………………………………………………………....

Address and telephone number………………………………………………………………………..……

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Please return to: The Leonardo Trust, 5 Dunyeats Road, Broadstone, BH18 8AA

Telephone 01202 698325