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| Office use only  Date Received: |

**Unpaid Carer Referral Form**

**Agency details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Your Name & Job Title |  | | |  |
| Agency Name |  | | | |
| Agency Address |  | | | |
| Contact Numbers: |  | Email: |  | |

**Cared for details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Cared for: |  | | |
| Address of Cared for: |  | | |
|  | | Postcode: |  |
| Contact Numbers: |  | | |
| Date of Birth: |  | | |

**Carer details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Carer: |  | | | |
| Relationship: |  | | | |
| Address of Carer: (If different from above) |  | | | |
|  | | | Postcode: |  |
| Contact Numbers: |  | | | |
| Date of Birth: |  | How long have they been a carer? | |  |

**Information about the grant you are applying for:**

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| Working in partnership with **Careline365**, you will be entitled to **SIX** months **FREE** funding of a monitored home alarm or GPS location device. A Master Lock Keysafe can also be supplied at no additional cost. Other funding may also be available on a case-by-case basis. |
| Please tell us how a monitored home alarm would help the carer? |
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| **The Leonardo Trust**: I understand that all information supplied on this application form to Leonardo Trust will be kept strictly confidential and will only be used for the purpose of selection and administration. The information I have given in this application is, to the best of my knowledge, true and accurate.  I accept that any false or misleading statements may be sufficient cause for rejecting an application.  A copy of our Grant Making Policy is available on our website, [www.leonardotrust.org](http://www.leonardotrust.org) or alternatively from our Broadstone office. |

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| **Careline365:** I understand that if funding has been agreed, this information will be shared with Careline365 who will store my information in accordance with Data Protection Law. More details can be found on our website: www.careline.co.uk/privacy-policy/ |

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| The trustees regret we are unable to reimburse costs already paid or anything that has been booked, contracted for, or reserved prior to our agreement to fund/part-fund the cost. |

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| Signature of Unpaid Carer: |  | Date: |  |