** **

 **Shetland Carers**

**RESPITALITY SCHEME APPLICATION FORM**

*This form should be completed by the carer, young carer or any person supporting the carer*

1. **Information about the carer**

*I would like to apply for a Respitality break. Please add me to the carers’ database.*

**Please provide the following information about the CARER:**

Name.............................................................................................................................

Address..........................................................................................................................

................................................................................ Postcode ......................................

Phone number................................................ Mobile ...................................................

Email..............................................................................................................................

Date of Birth.............................................................

**If you prefer not to share your age please tick this box**

Gender…………………………………………. Ethnicity……………………………………

Social Locality (Local Health/GP Centre)…………………………………………………...

How did you hear about the Respitality Scheme for carers?

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1. **Information about the caring situation**

**Please provide the following information about the CARED FOR PERSON:**

First name and surname……………………………………………………………………….

Preferred name………………………………………………………………………………….

Address…………………………………………………………………………………………..

…………………………………………………………… Postcode…………………………...

Date of Birth……………………………………………

**If you prefer not to share the age of the person you care for please tick this box**

Gender………………………………………….. Ethnicity…………………………………….

Social Locality (Local Health/GP Centre)………………………………………………….....

Please provide details about the type of care you provide (help with personal care, help with shopping, domestic tasks, etc)

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What is your relationship to the person you provide care for?

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How long have you provided care for this person?

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On average, how many hours a week do you spend caring or providing support?

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What is the illness/condition/disability of the person you care for? e.g. Dementia

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Is your caring role impacting on you? None □ Some □ Lots □

Please provide further information if you wish e.g. I am unable to get a full night’s sleep, or I am not able to work as much as I used to.

Please provide full details of existing support received to include local authority and third sector agencies, e.g. Shetland Care Attendant Scheme sitter once per week for three hours, three local authority respite stays of three nights.

Have you received a grant/break from us or any other organisation in the past 12 months?

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Have you received a Short Break grant from us before? If yes, please provide the date:

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Please rank from 1 to 8 your Respitality Break preference with 1 being your most favoured and 8 your least favoured break:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| OVERNIGHT STAY |  | SELF CATERING STAY |  | DINING |  |
| VISITOR ATTRACTION |  | TREATMENTS |  | TICKETS |  |
| SPORTS BREAK |  | OTHER (Please detail) |  |  |  |

|  |
| --- |
| Do you have any other family members to support you? YES / NO (please provide details) |
| Do you feel you are experiencing social isolation? YES / NO (If yes please provide details) |
| Do you have any health and wellbeing problems of your own? (If yes, please provide details) |

Any further information you wish include about your situation

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Please let us know if you know of any potential Respitality Gift Providers we could approach

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Please return this application form to **Amanda Brown at Market House, 14 Market Street, Lerwick ZE1 0JP.** Or if you would like further information you can contact Amanda on 01595 743923 or email amanda.brown@shetland.org

**carers@shetland.org** 

[**www.shetlandcarers.org**](http://www.shetlandcarers.org) **Shetland Carers**

**DATA PROTECTION**

Here at Voluntary Action Shetland (VAS) we take your privacy seriously and will only use your personal information to administer your account, and to provide the products and services you have requested from us. In order to provide carers with a better service we are now working in partnership with Shetland Care Attendant Scheme (SCAS). We will share your information with this organisation via a joint database. If you have any concerns about this please discuss this with us.

From time to time VAS/SCAS would like to contact you with details of other services we provide. If you consent to us contacting you for this purpose, please tick to say how you would like us to contact you:

**I’m happy for you to contact me by:**

**Post** ☐    **Email** ☐    **Telephone** ☐   **Text message** ☐    **Facebook group** ☐ **Newsletter** ☐

Where appropriate, we would also like to pass your details onto Shetland Islands Council and/or NHS Shetland and other third sector organisations who support carers, and will pass information to you regarding being a carer or services to support the person you care for so that they can contact you with details of services that they provide. If you consent to us passing on your details for that purpose, please tick to confirm:

**I agree to share my information with:**

|  |  |
| --- | --- |
| Shetland Islands Council ☐ | NHS Shetland ☐ |
| Other members of the carer strategy group if appropriate: |
| Citizen’s Advice Bureau ☐Royal Voluntary Service ☐Alzheimer’s Scotland ☐Shetland Community Connections ☐ | Ability Shetland ☐Advocacy Shetland ☐Mind Your Head ☐Shetland Care Attendant Scheme ☐ |

I HAVE READ THE INFORMATION ABOVE AND I CAN CONFIRM THE DETAILS ARE CORRECT.

I HAVE READ AND UNDERSTOOD AND AGREE TO THE DATA SHARING NOTIFICATION

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office only:**

Distribution lists: Database Mailchimp

Email lists:

Referral to anyone? Leaflets handed out?