** **

**CARERS TABLET LOAN SCHEME**

**APPLICATION FORM**

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

**1. Information about you, the carer:**

|  |  |
| --- | --- |
| **Full Name** |  |
| **Address** |  |
| **Postcode** |  |
| **Telephone No** |  |
| **Email address** |  |
| **DOB & age** |  |
| **Are you registered with Shetland Carers?** |  |
| **If no, please provide contact details for someone who can confirm your caring role** |  |

**2. Information about your caring situation:**

|  |  |
| --- | --- |
| **What is your relationship to the person you care for?** |  |
| **What health issues does the cared for person have?** |
|  |
| **How long have you cared for the person?** |  |
| **What is the DOB/age of the person you care for?** |  |
| **Do you live with the person you care for?** |  |
| **Do you currently have access to a tablet?** |  |
| **Does your cared for person currently have access to a tablet?** |  |

**3. How are you doing?**

|  |
| --- |
| **Please tell us about the support you have around you:** |
|  |
| **Please tell us about contact you have with family and friends:**  |
|  |
| **Please describe how you are managing at this time:** |
|  |
| **Do you need help with anything else which would help your caring situation? If yes, please describe what would help:** |
|  |

|  |  |
| --- | --- |
| **Your signature (this can be electronic)** |  |
| **Date** |  |

**Please email your completed form to:*****carers@shetland.org***

***or post to Shetland Carers, Market House, 14 Market Street, Lerwick, Shetland, ZE1 0JP (please note that postal applications may take longer to process)***