

# MANCHESTER CARERS FORUM



## Carers Group Break - Llandudno 2009



31/07/09 to 03/08/09



It is very important that you answer every question and essential that you sign on page 4 of the application otherwise it CANNOT BE CONSIDERED.

Name of carer: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**How long have you been a Carer?**

Up to a Year

Up to 2 Years

Up to 3 Years

Up to 5 Years

Up to 10 Years

Up to and over 20 Years

If you are a former Carer, when did your caring role end? \_\_\_\_\_

**Information About The Person You Care For**

Name of Cared For: \_\_\_\_\_

Address of Cared For: \_\_\_\_\_

Relationship to Cared For: \_\_\_\_\_

Reason why the Cared For needs care: (e.g. learning disability, physical disability etc)

\_\_\_\_\_

Name of Care manager/Social Worker/CPN if known: \_\_\_\_\_

**Information about the support you receive.**

Name & Telephone number of support worker who will be supporting your application (e.g. Care Manager/Doctor/Family Support Worker/Other)

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address/Location of Office \_\_\_\_\_

\_\_\_\_\_

**Do you receive any services from the Social Services? (If yes please give details)**

\_\_\_\_\_

**What was the date of your last respite break (of more than 1 day?)** Please be as accurate as possible with this information. If the information is incomplete or misleading it may affect the success of your application for this break.

Month: \_\_\_\_\_

Never

Year: \_\_\_\_\_

**Who was the break with?**

Manchester Carers Forum

Buddhist Centre

Family

Carers Individual Budget/One Off Payment/Carers Direct Payment/Time For Me

Other

If Other, Please state the organisation: \_\_\_\_\_

**Did you pay for the break yourself?**

Yes

No

**Do You Suffer From Any Of The Following? (Please state any medication you take)**

Back Problems  \_\_\_\_\_

Arthritis  \_\_\_\_\_

Respiratory Problems  \_\_\_\_\_

Epilepsy  \_\_\_\_\_

Mobility Problems  \_\_\_\_\_

Other (Please State)  \_\_\_\_\_

Head/Neck Problems  \_\_\_\_\_

**Are there any special arrangements that we need to be aware of (e.g. unable to use stairs)**

\_\_\_\_\_

\_\_\_\_\_

**Do you have any special Dietary Requirements?** \_\_\_\_\_

\_\_\_\_\_

Please note that it is a condition of our funding to supply Manchester City Council with the personal details of carers that use our services for the purposes of monitoring. Successful applicants must agree to their details being passed on otherwise attendance will not be permitted.

If you are successful in your application your personal details will be passed on to Manchester City Council for the purposes of monitoring. Please sign and date below to state that you are happy to have you details passed on and that everything you have stated is correct.

Name:

Signed:

Date:

Please return this form to:

**Nat O'Brien/Carers Group Break  
Manchester Carer's Forum  
Swan Buildings  
20 Swan Street  
Manchester  
M4 5JW**

If you have any queries please do not hesitate to contact the office on  
0161-819-2226

Please note that accommodation will be on a TWIN sharing basis  
The break includes accommodation for three nights with breakfast  
and evening meals provided.

Closing date for Applications is

**Wednesday 8<sup>th</sup> July 2009 4.30pm**