

PART 3: Please confirm the following information:

Full name of person(s) providing care:	
Full name of the person(s) receiving care:	
Date of birth of the person(s) receiving care:	
What date are you claiming the discount from:	
Is the person receiving care resident in the same dwelling as the carer?	YES / NO

PART 5: Please provide the following details regarding the care provided:

Is the carer <u>employed</u> to provide care?	YES / NO
Is the carer a spouse/partner or parent of the person receiving care?	YES / NO
Is care provided for at least 35 hours per week?	YES / NO
If the person being cared for is receiving one or more of the following benefits:	
Higher rate attendance allowance	YES / NO
The highest or middle rate of the care component of Disability Living Allowance	YES / NO
The daily living component of Personal Independent Payment (PIP)	YES/NO
An increase in the rate of disablement pension	YES / NO
An increase in a constant attendance allowance	YES / NO

PLEASE NOTE: The allowance / pension book or written confirmation from the D.W.P must be provided when making this application. These documents must confirm the start date of claim.

I declare that the information given above is correct to the best of my knowledge and belief.	
Signed:	Name (BLOCK LETTERS):
Tel:	Date:
E-mail:	

IMPORTANT: You must notify Finance and Procurement if the above circumstances change. If you fail to do so, you may be subject to a penalty of £70.