



**Cottages and Castles Opportunities
Application Form 2017-18**

Please note: This is for accommodation only.

Local Authority: _____

Name (Carer): _____

Address: _____

City: _____ Postcode: _____

Telephone no(s): _____

Name (cared for): _____ Relationship to Carer: _____

Permission to share information/give feedback about the break are requirements of receiving accommodation.

Please explain why you need the break:

(Please continue on a separate sheet if required)

How many people?

2	<input type="checkbox"/>
4	<input type="checkbox"/>
6	<input type="checkbox"/>
7	<input type="checkbox"/>
8	<input type="checkbox"/>
9	<input type="checkbox"/>
10	<input type="checkbox"/>
12	<input type="checkbox"/>
14	<input type="checkbox"/>

What area?

Aberdenshire	<input type="checkbox"/>
Angus	<input type="checkbox"/>
Dumfries & Galloway	<input type="checkbox"/>
Highland	<input type="checkbox"/>
North Ayrshire (Arran)	<input type="checkbox"/>
Perth & Kinross	<input type="checkbox"/>
No Preference	<input type="checkbox"/>

Any Pets? (£20 charge each)

Preferred dates?

October/November 2017

January-April 2018

Other (Please state dates) _____

We will try to meet all preferences but cannot guarantee this in all cases.

In cases of genuine hardship, we have a small amount of funding to help. Please note any expenses detailed below that would need covered.

Travel: _____ Support costs: _____
 Meals/Refreshments: _____ Other: _____
 Could other funding be accessed? _____

There may be a fee for housekeeping (we will advise). Would we need to cover this cost to facilitate this break?	
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If break is granted please fill in below who would be best to contact to make arrangements if not the applicant.

Name: _____ **Contact telephone no(s):** _____

If there are issues around any of the above options please contact – Angi Inch on 07976 618419. Email ainch@alzscot.org

Alzheimer Scotland
 FAO Angi Inch
 81 Oxford Street
 Glasgow
 G5 9EP

Completed/Referred by: _____
 Designation: _____
 Contact details: _____
 Date completed: _____

We need to record some important information for our funders. Please take the time to fill in the boxes below.

What age is the person with dementia?	
How many carers will benefit from the break?	
How many young carers (under 25) will benefit from the break?	
When was the last time you had a short break?	
Have you applied for short break/time to live funding before? (If applied before please give details in the space provided below – even if not with Alzheimer Scotland)	YES/NO
Where did you hear about this opportunity?	