

APPLICATION FOR PERSONALCARE FUNDING

Please complete Part 1 or Part 2

| | |
|--|----------------|
| Part 1 | |
| I wish to apply for Free Personal Care and / or Nursing Care Funding from East Dunbartonshire Council when resources have been identified and available. | |
| Name: | Date of Birth: |
| National Insurance Number: | |
| Address of Care Home: | |
| | |
| | |
| Signed: | Date: |

| | |
|---|----------------|
| Part 2 | |
| I do not wish to apply for Free Personal and/or Nursing Care Funding. | |
| Name: | Date of Birth: |
| Address of Care Home: | |
| | |
| | |
| Signed: | Date: |

| | |
|---|-------|
| Note: I do not wish to provide my financial details at this stage and have been advised of the implications of this. | |
| Signed: | Date: |

This authority is under a duty to protect the public funds it administers and, to this end, will use the information you have provided on this form that the prevention and detection of fraud. It will also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information, see East Dunbartonshire Council's website (<http://www.eastdunbarton.gov.uk>) under GDPR / Privacy Statement or contact sharedservices.transactionalfinance@eastdunbarton.gov.uk

