



Stepping Out Residential Breaks Application Form

Please be aware that places are limited and applying does not guarantee you a place.

We will inform you as soon as possible of the application outcome. All information is treated with confidentiality and is used for allocating places and monitoring the service.

Name: _____ Date of Birth: _____

Address: _____

Gender: Male / Female / Other

Postcode: _____ Tel.No: _____

Mob. No. _____ Email: _____

Tell us about your caring role? (Who do you look after? What illness or disability do they have?) _____

Where did you get this application form or find out about this service? _____

Have you been on a Stepping Out Break before? No Yes

Date of last break _____

Do you require a bedroom on the ground floor? No Yes

If yes, please tell us why _____

Which weekend are you applying for a place on?

1st choice _____

And 2nd Choice _____

Some weekends will involve organised physical activity. Please let us know if you have limited mobility, such as mobility issues or using stairs. _____

On some weekends it may be necessary for carers to share bedrooms. Please tell us if you would like to share with someone in particular or if you are unable to share due to health/medical reasons.

Please check you have fully completed all sections of the application form before signing.

Signed : _____ Dated : _____

Please Note : Carers who look after a person in a long term care setting can still apply for a place.

