



## Respite Care Grant Application form

Name .....

Address.....

.....

.....

Name of Care agency providing care .....

By signing this application form, I/we hereby confirm that:

- The above named person has been diagnosed with Parkinson's and lives in Oxfordshire.
- I/We have arranged respite care for the above named person and I/we acknowledge that I/we are responsible for the selection of the care provider and the care to be provided by them, and for paying for all costs incurred by or with the care provider.
- I /We will provide Parkinson's UK copies of invoices for this care via email to [treasurer@oxfordparkinsons.org.uk](mailto:treasurer@oxfordparkinsons.org.uk) as incurred up to the maximum grant amount of £1000 per calendar year\*. Payment of the grant will be made by way of reimbursement of these invoices (up to the maximum of £1000) and is subject in each case to receipt and review by the Oxford Branch of copy invoices.
- Payment of any grant amount is subject to the branch having sufficient funds available at the time of payment.
- I/We have provided below my bank account details to which payment of the grant should be made and a valid email address to enable the branch to contact me with any queries with regard to this application or any invoice or payment.



## DISCLAIMER OF LIABILITY - IMPORTANT PLEASE READ

I/we acknowledge that:

- This care has not been organised by Parkinson's UK (company number 00948776) or its Oxford branch and nor have they given me any advice or made any recommendation regarding this care or the selection of the care provider.
- Payment of all or any part of the grant is not an endorsement or recommendation by Parkinson's UK (or its Oxford branch) of the care provided or the care provider or its or their suitability to me/us or any other person. Parkinson's UK (including its Oxford branch) has no liability for the care provider or for any care provider.

Signed Name of applicant: .....

Name of bank account.....

Bank name and sort code .....

Bank account number.....

Applicant's email address.....

Please return your completed form to the scheme administrator at  
[respitecare@oxfordparkinsons.org.uk](mailto:respitecare@oxfordparkinsons.org.uk)

\*If there are specific circumstances whereby further financial support from the branch is appropriate above this limit please contact the branch respite care coordinator at [respitecare@oxfordparkinsons.org.uk](mailto:respitecare@oxfordparkinsons.org.uk) and individual cases will be considered on a case by case basis and if the branch has sufficient funds to support the case.