



Dorset Computers 4 Carers

Please give as much information as possible, using a separate page if necessary.

Title:	First Name:	Surname:
Address:		
		Postcode:
Home Telephone No:	Mobile No:	
Email Address	Date of Birth:	
Name of Person you are caring for:		Their Age:
Relationship to you:		
Medical condition of the person you are caring for and what help they require:		
Why are you applying to Dorset Computers for Carers:		
What experience of using computers do you have?		
Have you used a computer before? YES / NO	Have you used a tablet machine before? YES / NO	

Do you have anyone who could help you with computer training/difficulties?
Will you be able to support your own internet access?

Please specify the sources of income of the household by ticking all the relevant boxes. Evidence of benefits (notification letters or bank statement) will be required.

Jobseekers Allowance <input type="checkbox"/>	Employment Support Allowance <input type="checkbox"/>	Disability Living Allowance <input type="checkbox"/>
Personal Independence Payments <input type="checkbox"/>	Attendance Allowance <input type="checkbox"/>	Carers Allowance <input type="checkbox"/>
Income Support <input type="checkbox"/>	Statutory Sick Pay <input type="checkbox"/>	Child Benefit <input type="checkbox"/>
Industrial Injury Disability Benefit <input type="checkbox"/>	War Disabilities Pension <input type="checkbox"/>	Maternity Benefits <input type="checkbox"/>
Wages/Earnings <input type="checkbox"/>	Working Tax Credits <input type="checkbox"/>	Child Tax Credits <input type="checkbox"/>
Reduced Earnings Allowance <input type="checkbox"/>	Childcare Grants <input type="checkbox"/>	Bereavement Allowance <input type="checkbox"/>
Housing Benefit <input type="checkbox"/>	Mortgage Interest Payment <input type="checkbox"/>	Council Tax Relief <input type="checkbox"/>
Pension/Pension Credits <input type="checkbox"/>	Student Grants/Loans <input type="checkbox"/>	Training Allowances <input type="checkbox"/>
Any other sources of income not mentioned above.		

Please provide any further information you feel may help us to assess your application:-

In order to help you, we may need to keep a record of your details. We will treat everything you tell us with strictest confidence. In signing this application form you are consenting to Dorset Computer 4 Carers keeping a computer record of your case.

Signature:	Date:
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The committee of Dorset Computers 4 Carers meets every four – six weeks to consider applications and we will contact you once a decision has been made.