

City of Cardiff Council Care Allowance Scheme for Elected Members & Application

Version 1.1 August 2015

Please read the notes in Part One carefully.

Part One

The maximum care allowance is payable if your responsibility for your child or dependent is full time.

If the caring responsibility is not full time but for part of the week, the allowance will be paid on a pro rata basis.

In order to qualify for care allowance the expenses you incur must be necessarily incurred to perform your duties as a Councillor.

Although you may (if you wish) provide information about all your children or dependents who might qualify **you are not permitted to claim more than one care allowance** unless you can satisfy the Council that you need to make separate arrangements for the care of your dependents and need to pay for that care.

Care allowance is not intended to reflect actual costs but is a contribution towards caring costs.

*For Dependents over the age of 15 years, the Regulations provide that a care allowance shall not be paid in respect of any child over the age of 15 years or dependant unless the Member satisfies the Authority that the child or dependent requires supervision which has caused the Member to incur expenses that were necessary in respect of the care of that child or dependent in the carrying out of that Member's duties as a member.

Application for Care Allowance

Part Two

This form is subject to revision from time to time. Further information may be required from you in order to process your application. Continue overleaf if necessary.

I am a Cardiff County Councillor.

YOUR FULL NAME: _____

ADDRESS: _____

A. I wish to claim care allowance for the following child(ren) who reside with me:-

The following child(ren) under the age of 15 years reside with me.

Name.....	Relationship.....	DOB.....
Name.....	Relationship.....	DOB.....
Name.....	Relationship.....	DOB.....

Tick as appropriate:

I have full time care of the named child.

I have shared care of the named child on (number).....days per week.

The named child requires supervision in my absence for which I incur expenses.

B. *I wish to claim care allowance for the following person(s) over the age of 15 years whom are dependent upon me:-

Name.....	Relationship.....	DOB.....
Name.....	Relationship.....	DOB.....
Name.....	Relationship.....	DOB.....

Tick as appropriate

I have full time care of my named dependent.

I have care of my named dependent for part of the week on (number).....of days per week.

My named dependent requires supervision in my absence for which I incur expenses.

Supporting Information

Part Three

Please note that evidence will be required to support your claim.

List here any documents you attach in support of your application e.g. Birth Certificate, Court Order, receipts, confirmatory statements etc.

You need not submit documents more than once unless your circumstances change. You may state "See last application – no change".

1.	
2.	
3.	

Please make a short statement here in support of your application. For example state in what way the expense is incurred in order to perform your duties as a Councillor and not for other purposes. You need not make a statement more than once unless your circumstances change. You may state "No change from my last application".

Further information may be required from you in order to process your application. Continue overleaf if necessary.

Declaration

Part Four

I confirm that I have read and understood Part One of this form. I understand that by signing this form and making an application for care allowance I confirm:

- (a) that I incur expenses on every day that I have care of a child or person dependent upon me; and**
- (b) those expenses are incurred necessarily to perform my duties as a Councillor.**

I confirm that the information stated in Parts Two and Three of this form are true. If the stated arrangements or my circumstances change so as to affect my claim for Care allowance I will notify the Council immediately.

I understand that I may be required to repay to the Council any Care allowance that is paid to me for which I do not qualify.

Signed: _____

Dated: _____

Please return this form to Democratic Services, City of Cardiff Council, Room 286, County Hall, Atlantic Wharf Cardiff CF10 4UW or democraticservices@cardiff.gov.uk

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