

MEMBERS CARE ALLOWANCE CLAIM FORM

**This form must be submitted monthly to the Democratic Services
c/o Gill Nurton Room 286, County Hall, Atlantic Wharf,
Cardiff. CF10 4UW or email membersservices@cardiff.gov.uk**

Name of Claimant:

Name of Dependant(s)

Date of care	Times of care	Council duty undertaken
TOTAL:		

I wish to claim for Care Allowance for the above Council duties which I certify as correct.

Signed _____ Date: _____