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 Cacorrect.	are Allowance for the above Counc	il duties which I certify as
Signed	Date:	