



Application Form – Home Care

Full Name & Title:

Address:

.....

Postcode: Tel. No:

Date of Birth: Email

Please tick the relevant boxes for your current requirements:

Household Tasks

- Housework
- Shopping / collecting pensions and/or prescriptions
- Cooking / preparing a meal
- Laundry

Personal Care

- Help with dressing
- Help with washing or bathing
- Help with toileting

Sitting Service

- We can provide a carer for longer periods of time to provide companionship and support whilst the main carer takes a break

Meals on Wheels

- We can offer a meal delivery service to your own home, within a specified maximum distance for food safety reasons.

Signed: Date:

(Print Name)

Relationship to applicant if signed on their behalf:

Please return to: Home Care, Horsfall House, Windmill Road, Minchinhampton, Glos, GL6 9EY