

## South East Wales Adult Placement Scheme Shared Lives



**SOUTH EAST WALES  
ADULT PLACEMENT  
SCHEME  
SHARED LIVES**

### **RESPITE/EMERGENCY PLACEMENT TIMESHEET**

<b>Carer's Name</b>						
<b>Carer's Address</b>						
<b>Service User's Name</b>	<b>Dates of Stay</b>		<b>Total Number of Nights</b>	<b>Associated Mileage</b>	<b>Details of Journey</b>	<b>Other Authorised Expenses (please attach receipts)</b>
	<b>First Nights Stay</b>	<b>Last Nights Stay</b>				
						£
						£
						£
						£
						£
						£
						£

**P.T.O**

Service User's Name	Dates of Stay		Total Number of Nights	Associated Mileage	Details of Journey	Other Authorised Expenses (please attach receipts)
	First Nights Stay	Last Nights Stay				
						£
						£
						£
						£
						£
						£
						£
						£
						£
						£

Carer Signature	DATE:	AP Worker Signature	DATE:
Processed By:		Date:	