

South East Wales Adult Placement Scheme Shared Lives

SESSIONAL SUPPORT TIMESHEET



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

Carer's Name							
Carer's Address							
Service User's Name	Date	Times		No. of Hours	Associated Mileage	Details of Journey	Other Authorised Expenses (please attach receipts)
		Start	Finish				
							£
							£
							£
							£
							£
							£
							£
							£

Service User's Name	Date	Times		No. of Hours	Associated Mileage	Details of Journey	Other Authorised Expenses (please attach receipts)
		Start	Finish				
							£
							£
							£
							£
							£
							£
							£
							£
							£
							£

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