

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:	