# **Shared lives member scheme managers’ form**

Shared Lives scheme name:

Contact name/form submitted by:

Contact email address:

Date:

|  |  |  |
| --- | --- | --- |
| Total number of Shared Lives carers | Total number of FTE eligible Shared Lives carers | Total number of Shared Lives carers who have left |
|  |  |  |

|  |  |
| --- | --- |
| Costs being claimed(£500 pro rata for each employee plus NICs) | £ |
| **Total** | £ |

Important – This form should only contain summarised data. It must not include any data that can be attributed to an individual.