

Time to Live Fund - Application Form 2017/18

This form should be completed by the carer, or any person supporting the carer.

Please see Guidance Notes for help with completing this form.

Section 1 Information about the Carer

Full name		
Address		
	POST CODE	
Contact Telephone Numbers	HOME	MOBILE
Email Address		
Date of Birth		

Section 2 Information about your caring situation

Who do you care for (eg I care for my...son, father, or friend)?
What age is the person you care for? (note the person you care for must be over the age of 21 and you must care for them for more than 20 hours per week.)
How long have you cared for this person?
On average, how many hours a week do you spend caring or providing support (please tick as appropriate)? 20 to 50 hours <input type="checkbox"/> Over 50 hours <input type="checkbox"/>
What is the illness/condition/disability of the person you care for (list more than one if relevant)?

How do their health issues affect them?

Please give details of your caring role and the help/support you give to the person you care for.

Has the person you care for been in hospital in the last 12 months? If so, please give details.

Section 3 – Help with caring

What formal or informal breaks do you get, if any? Who helps you to get a break, and how often? (for example a sitter service, regular respite, help with holiday funding or help from neighbours or family etc)

What other help, if any, do you get with day to day caring tasks? Does anyone else provide help or support to the person you care for?

Section 4 – Type of break for which the carer seeks funding (tick all that apply)

- Break for carer Break for cared for person Break for carer and cared for person Alternative care for cared for person

Describe in detail how the Creative Breaks award will be used (eg holiday, leisure/ fitness pursuits, relaxation therapies, classes, meal/takeaway, or equipment). It is essential to include as much detail as possible about how the award will be used, giving, where relevant, dates, and length or frequency of the break.

CREATIVE BREAK OUTCOMES

1. Break outcomes

Please tick below any changes you think will be achieved as a result of this break

You, the carer, will benefit from improved physical and/or emotional wellbeing	
The person you care for will benefit from improved physical and /or emotional wellbeing	
You will feel more able to cope with, and continue in, your caring role	
You will have the opportunity to balance your caring role with a life outside of caring	
Your relationship with the person you care for, or the wider family, will benefit and improve	
Please give further details of how this break might improve your current situation and the benefits you and/or the person you care for would gain from the break.	

2. Cost of break

Estimated <u>total</u> cost of break (Maximum award £250)	
Funding required from Creative Breaks Fund	
If the cost of the break is higher than the Creative Break award request, please tell us how the shortfall will be made up	
Details of any other funding or funding applications in respect of this proposed break	

3. Previous Breaks

Have you applied for or been awarded any other grant support for a short break in the last 12 months? YES/NO <i>Please provide details here</i>	
<u>If yes above,</u> please explain why your financial circumstances prevent you from funding this proposed break (further information may be requested) and indicate which of the priority areas listed in the <u>Guidance Notes</u> are relevant to you.	
Have you, the carer, received funding support (excluding prior support from the Creative Breaks Fund) from any organisation or fund to access a break in the last 12 months? <i>If yes, please describe briefly?</i>	
Have you had any holiday or breaks in the past 12 months, other than any mentioned above? <i>If yes, please describe briefly.</i>	

Please use this space for any additional info to support your application

4. Referee

The panel reserves the right to contact a referee. Please provide the name and contact details of someone who can confirm your caring role, and the need for a short break (see Guidance Notes).

This section must be completed or the application shall not be considered.

Name	
Address	POSTCODE
Contact No	
Email address	
In which capacity does the referee know the carer?	

5. Supporter

If a supporter (formal or informal) has helped the carer to complete this form please acknowledge this below. This section must be completed or the application shall not be considered.

Supporter's name	
Supporter's role (eg Job title)	
Supporter's signature	Date
Any comments by supporter in respect of this application	

6. Carer's signature

Carer's signature	
Date	

Applications to be addressed to: Tracy Wallace, Office Manager, Creative Breaks Fund, Renfrewshire Carers Centre, Unit 55 Embroidery Mill, Abbey Mill Business Centre, Paisley PA1 1TJ .



CREATIVE BREAK FUNDING AGREEMENT

This section must be completed and signed by the CARER awarded the Grant.

Should my application to the Time to Live Fund be successful, I hereby agree to the Terms and Conditions of the Grant awarded to me. I confirm shall provide paperwork as evidence that the awarded amount was spent on what I applied for. For example, if I applied for a holiday then a receipt for travel and accommodation will be provided within 3 months of the money being paid into my account.

I accept that should I fail to meet the Terms and Conditions above, Renfrewshire Carers Centre shall ask for the funds to be refunded.

Carers Name (Please Print)	
Carer's Signature	
Date of Signing	

BANK DETAILS FOR PAYMENT OF GRANT (IF SUCESSFUL)

You may prefer not to provide this information until after your Grant is awarded. Completing this section will speed up payment into your account via Internet Bank Transfer. Cash cannot be given.

BANK SORT CODE	
BANK ACCOUNT NO	