

Time4Me Application Form 2018-2019

Please read the Guidance Notes fully **before** completing so you are aware of the:

- Aim of the Fund
- Eligibility Criteria
- What we can fund
- How much you can apply for
- Applying on behalf of a Young Carer
- What the application should include
- Process for awarding funding and receiving payment
- Feedback
- Unsuccessful applications

The panel meets the first Tuesday of every one month and applicants will be informed of decisions no later than 14 days after the relevant panel meeting. If for any reason the panel is unable to meet, applications will be held over until the following month and applicants will be informed.

If you have any questions or require help completing this application please contact Marthe Handling on **01738 567076** or email Marthe.Handling@pkavs.org.uk

Section 1 - Carers Details*				
Title	First Name		Last Name	
Contact Number				
Email				
Address				
Town/City			Postcode	
Ethnicity		D.O.B		Age

Do you have a Carers Support Plan? (this will not affect your application)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
If not would you like to speak to a Support Worker about your caring role and how we can best support you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

When was the last time you had a short break?		
Have you applied for or been awarded any other grant support for a short break within the last 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes please provide further details:		

How did you hear about the Time4Me fund?	

Are there any Young Carers (8-15) or Young Adult Carers (16-24) in your household?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, do they require any support from PKAVS Carer Service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section 2 - Your Caring Role*					
Name of Cared for person		Cared for D.O.B		Age	
What is the relationship between you (the carer) and the person receiving care					
Care Group Category	Physical Disability <input type="checkbox"/>	Dementia <input type="checkbox"/>			
	Sensory Impairment <input type="checkbox"/>	Autism <input type="checkbox"/>			
	Mental Illness <input type="checkbox"/>	Long-term illness, disease or condition <input type="checkbox"/>			
	Learning Disability <input type="checkbox"/>	Frail/Old <input type="checkbox"/>			
	Alcohol or substance addiction <input type="checkbox"/>				
Other condition/ reason for needing care: (please specify)					
How long have you cared for this person?		On average, how many hours a week do you spend caring?			
Please describe the nature of care you provide?					

Please describe the impact caring has on your life?

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Section 3 – Break Details*

Are you taking the cared for person with you on the break? (if applicable)	Y <input type="checkbox"/>	N <input type="checkbox"/>
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What are you applying for?

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What will having a break mean to you?

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Please provide a clear breakdown of costs including any quotes for the planned activity or break described and proposed dates (if applicable)

Proposed Dates	From		To	

Have you included a quotation showing the <u>full</u> costs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If No, please tell us how you have worked out the cost of the break:

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	£
	£
	£
	£
	£
Total cost of request	£
Can you contribute anything towards request	£
Total amount requested from Time4Me	£
If the total cost and total amount requested do not match, how will the difference be covered? (e.g. other grant applications, family contributions)	

Did the carer named in Section 1 complete this application?	Yes <input type="checkbox"/> (complete section 4)	No <input type="checkbox"/> (complete section 5)
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Section 4 – Completed by carer	
I confirm that all the information provided on this form is accurate and true	<input type="checkbox"/>
I understand that the panel may seek additional information in support of this application	<input type="checkbox"/>
I agree to complete the short breaks feedback form (either a form or a telephone call) if I am successful, and to submit proof of purchase/receipts with regards to my break (if applicable)	<input type="checkbox"/>
Carer's signature	Date

Section 5 – Completed by referrer (complete this section if you are a professional submitting the application on behalf of a carer you support)	
Name	
Designation	
Organisation	
Contact Number	
Email	

Statement in support of application			
I confirm that all the information provided on this form is accurate and true			<input type="checkbox"/>
I understand that the panel may seek additional information in support of this application			<input type="checkbox"/>
I agree to assist PKAVS in obtaining carer feedback if this application is successful and to submit proof of purchase/receipts with regards to the carers break (if applicable)			<input type="checkbox"/>
Signature		Date	
Would you like us to contact the carer directly to inform them of the outcome?		Yes <input type="checkbox"/>	No <input type="checkbox"/>