

For Office Use ONLY

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Carers Grants

Please note that this page will be removed before assessment for confidentiality purposes.

Section 1: Contact details

Name of person completing the form:

Role and Relationship to Carer:

Address:

Postcode:

Contact number:

Email:

Carer Name:

Address:

Postcode:

Date of birth:

Age:

Contact number:

Email:

Data Protection Statement

Carers Trust South East Wales is registered under The Data Protection Act 1998 and complies with the provisions of the Act. In order to process this application, which includes personal and sensitive information, Carers Trust South East Wales will ensure that it is securely circulated to panel members and any identifying information e.g. name and address will be removed from the form before the application is disseminated. Data will be processed and securely stored and not retained for longer than necessary.

Declaration

In signing this form the carer confirms that the information provided is true and accurate and consents to providing full information on how the grant has been spent if requested by Carers Trust.

Carer's signature: _____ Date: _____

Carers Trust South East Wales
(Formerly Crossroads Care South East Wales)
County Hospital | Griffithstown | Pontypool | NP4 5YA

t: 01495 769996
w: www.ctsew.org.uk
e: info@ctsew.org.uk

Carers Trust South East Wales is a limited company registered in England & Wales: 06419626. Charity Registration Number: 1123455

Ymddiriedolaeth Gofalwyr De Ddwyrain Cymru
(Gynt Gofal Croesffyrdd De Ddwyrain Cymru)
Ysbyty Sirol | Griffithstown | Pont-y-pwl | NP4 5YA



Ymddiriedolaeth Gofalwyr De Ddwyrain Cymru yn gwmni cyfyngedig wedi'i gofrestru yng Nghymru a Lloegr : 06419626. Rhif Elusen Gof: 1123455

Which grant fund are you applying to? (see guidance notes for details)

Carers Essentials <input type="checkbox"/>	Carers Time Out <input type="checkbox"/>	Carers Access <input type="checkbox"/>	Carers Skills <input type="checkbox"/>
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Section 2. Details of caring situation (if you provide care to more than one person please complete a separate line about each person you provide care to)

	The person I provide care to is my (e.g. partner/ parent/ child/ friend):	Date of birth and age of person I provide care to:	What condition(s) is the person in receipt of care affected by? Please provide a brief description of the effect of the condition on their life/lives
1			
2			
3			

What is the nature of care you provide? (e.g. personal care, providing medication, emotional support etc.) Please provide a brief description of these tasks, the impact this has on your life and the approximate number of hours a week you spend caring.

Section 3: What are you applying for?

Please describe what the money will be used for

How will this benefit you or help you in your caring role?

Section 4: Cost of item(s) - Please ensure you have enclosed a separate written quote for the cost of the item e.g. copy of a web page or a page from a catalogue

Total cost of item:	Total amount requested from Carers Grants amount must not exceed the guidance notes	If the total cost and total amount requested do not match, how will the difference be covered? (e.g. funds already raised/ other grant applications/ family contributions, etc.)

Section 5: Consent to share information

We have found that hearing about the experience of others encourages more carers to apply for a grant, and enables us to raise funds to provide more grants to people. Examples of ways in which stories can be shared are: in Carers Trust South East Wales newsletters and publications, reports and newsletters for funders of our grant programmes and fundraisers, newspaper and magazine articles, and others. If you would prefer that we do **NOT** contact you or your Carer Support Worker to discuss sharing your story please tick this box:

Carers Trust South East Wales also uses **anonymous** case studies of grants provided in reports, fundraising newsletters and grants publicity materials we produce. If you would prefer that the details of your caring situation are **NOT** used in a case study, please tick this box:

Section 6: Supporting statement – to be completed by the person filling the form in on behalf of the carer. Please refer to the guidance notes for further information on what is required.

How long have you been in contact with the carer and what is the nature of this contact?

What is your assessment of the impact of the caring situation on the carer?

How do you think the grant will benefit the carer?

Are there any other factors you would like the panel to be taking into account? E.g. additional caring roles, significant financial difficulties etc.

Any other comments?

In signing this form the staff member confirms that the information they have provided is true and accurate.

Person completing the form on behalf of the carer please sign and date below.

Signature:

Date:

Section 7: Please check that you have included the following information:

(to be completed by the person completing this form)

A separate written quote e.g. a copy of a web page or page of a catalogue if applicable

A signature from the carer (if you are submitting the application by email the signature can be electronic but please ensure that you have kept a signed copy for your records)

A signature from you, the person completing this form (as above)

A supporting statement from the person who completed the form on behalf of the carer

Please note that if any of the above information is missing from the application it will not be submitted to the assessment panel.