



# Wee Breaks Fund

**Wee Breaks Midlothian**  
VOCAL Midlothian Carer Centre  
30/1 Hardengreen Estate  
Dalhousie Road, Dalkeith EH22 3NX  
Web: [www.weebreaks.com](http://www.weebreaks.com)  
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## Application Form 2020/21

### 1. Information about you – the carer

   /   /     Male  Female  Other Y  N 

### 2. Is the Fund for me?

Are you an unpaid carer providing support to someone who lives in Midlothian (out with a long-term residential care setting)?

 Y  N

Priority will be given to people who have not been given funding previously.

Will this funding give **you** a break from caring?

 Y  N

We cannot pay for breaks that should be provided by statutory services or you are able to fund yourself.

Can this application be supported by someone who has supported you and/or the person you care for in a professional capacity e.g. a GP, , Nurse, OT, Social Worker, CPN, Carer Support Worker, Teacher, Youth Worker?

 Y  N

We cannot fund breaks when a carer is already receiving support from Midlothian Council.

Do you already receive support in your caring role from Midlothian Council or any other agency?

 Y  N

Are you able to finance the break yourself?

 Y  N

### 3. Information about each person you care for and the caring situation (please complete one of these sections for each person that you care for).

Name

(1)

Age

Ethnicity

Relationship to you

Please describe the health condition(s), including any diagnosed conditions, of the person you care for and what care you provide for them?

Please include all health issues and how they affect the person you care for.

If the person you care for has been diagnosed with a specific condition(s) please include this.

How long have you cared for them?

How many hours a week do you care for them?

Does the **person(s) you care for** receive support from Midlothian Council or any other agencies, if so, please include information here?

Please include:  
- any formal help  
- any informal help

Do **you** receive any support from Midlothian Council or any other agencies in your caring role? If so, please include information below.

Please tell us about any other caring responsibilities you have and if this takes up a significant amount of your time, please provide details in section 3a below?

### 3a. Information about each person you care for and the caring situation

Name

(2)

Age

Ethnicity

Relationship to you

Please describe the health condition(s), including any diagnosed conditions, of the person you care for and what care you provide for them?

Please include all health issues and how they affect the person you care for.

If the person you care for has been diagnosed with a specific condition(s) please include this.

How long have you cared for them?

How many hours a week do you care for them?

Does the **person(s) you care for** receive support from Midlothian Council or any other agencies, if so, please include information here?

Please include:

- any formal help
- any informal help

Do **you** receive any support from Midlothian Council or any other agencies in your caring role? If so, please include information below.

## 4. Information about proposed break

Please complete with the person you have spoken to about your break

**What** are you applying for?

You can apply for anything that will give **YOU** a break from caring. This could include:

- A weekend away
- Outdoor clothes to join a walking group
- A sitter service

**How** will the person you care for be supported while you are on your break?

We **can't** fund breaks that have already been booked or taken.

**When** will you have your break?

**Where** will you have your break?

**How much** will your break cost? *Please provide a breakdown of the approximate costs:*

Average grants will be in the region of £250-350.

Examples of amounts awarded:

- £300 for comp. therapies
- £350 for a sitter service
- £250 for weekend away
- £500 for week away
- £400 for a shed
- £500 for driving lessons, annual membership for gym/class/group etc.

*Are you able to contribute anything towards the overall cost of the break? If no, please briefly explain why not:*

If you are taking the person you care for with you on your break, you must demonstrate why it will give you a break.

Consider what you have said when you describe your caring role and consider what will be different on the break.

People who have benefited from breaks have reported improvements in their health and wellbeing, stress levels, family relationships and caring situation.

Please describe the difference your break will make to you.

## 5. Referring/Supporting Professional

I have checked this form, added my comments below and can confirm that it is an accurate reflection of the carers circumstances

How long have you been supporting carer and in what capacity?

In order to ensure all applications are genuine you MUST have spoken to someone about your break and how it will benefit you, e.g. a GP, Nurse, OT, Social Worker, CPN, Carer Support Worker, Teacher, Youth Worker.

## 6. Agreement to Terms & Conditions

- The information above is correct and I give permission for it to be shared with the panel
- I agree to complete a review of my break
- I will only use the grant for the break described in this application
- I will return receipts for my break. **Any money not accounted for will have to be returned**

**Data Protection Statement:** By signing this form you consent to share all of the information included with VOCAL's Funding Panel, Midlothian Health & Social Care Partnership, Shared Care Scotland and any other funders supporting our Wee Breaks Fund. We will not share any personal information with a third party unless required to do so (eg. with the Scottish Government to contribute to the Carer Census (Carers (Scotland) Act 2016), or with your consent.

The information provided in this form is stored on VOCAL's secure online carer system. We will use it to contact you to provide you with individual carer support and let you know about events, training and other opportunities relevant to your caring situation by email, post, SMS or phone if these details are provided. Information is regularly checked to ensure accuracy. If you wish to view the information we hold about you or if you wish your details to be removed, please contact VOCAL on 0131 663 6869. VOCAL's full privacy policy is available online at [vocal.org.uk/about/privacy/](http://vocal.org.uk/about/privacy/). Please tick  if you **DO NOT** want VOCAL to hold your details



If successful, I would like to receive my Wee Breaks Fund grant award via:

Cheque

Payable to: \_\_\_\_\_

Bank Transfer \*

\*I understand if I agree to receiving payment by Bank Transfer I will need to provide bank details to VOCAL for this purpose.

**Bank details:**

Account Name: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Sort Code:

		-			-		
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Account Number:

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**Carer details:**

Carer Name: \_\_\_\_\_

Carer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Data Protection:**

VOCAL stores information in accordance with Data Protection Act 2018 and VOCAL's Privacy and Data Protection Policy (see: <https://www.vocal.org.uk/about/privacy/>). Please note, bank details will be used to pay Wee Breaks awards by online bank transfer – your bank details will also be stored securely by VOCAL's finance department.

<b>For VOCAL use only:</b>	
Payee Name:	
Award amount:	
Fund:	





## Wee Breaks & Fundraising Agreement:

**This agreement covers a two year period from date of signing**

As part of the Wee Breaks application process, you will have a conversation with a Carer Support Worker or a supporting Professional to identify what you need and the difference it will make to you as a carer.

VOCAL cannot guarantee the success of any application and no payments will be made until total funds have been raised.

Over a two year period, Carers can expect to access the following level of support:

- Up to a maximum of eight ticketed event, trips and group outings can be accessed over the two year period
- A maximum of two overnight breaks can be accessed within a two year period and only one of these overnight breaks can be accessed from VOCAL's Wee Breaks grant scheme
- VOCAL will pursue individual fundraising no more than four times in a two year period.
- Each successful application for funds held by VOCAL will be counted within the limits of this policy, whether the application was supported by a member of VOCAL staff or not.

The information I have given to VOCAL is correct and I have not withheld anything.

VOCAL can share information about me and my caring role to agreed organisations for the purpose of applying to Wee Breaks.

I will provide receipts for all services, support and equipment purchased with my grant.

I will provide feedback to VOCAL or other organisations about what difference the intervention has made and give my consent for this to be used by VOCAL to secure future Wee Breaks and for marketing purposes.

VOCAL has the right to withdraw support if this agreement is broken.

If I break this agreement in any way, I will not be able to apply to Wee Breaks or access fundraising support from VOCAL again in the future.

I will provide at least 48 hours notice if I am no longer able to use my grant or break and understand that I if no notice is given, I may be asked to return the grant or cover any costs associated with the cancelled break.

Name (carer)	_____	Name (VOCAL worker)	_____
Signature	_____	Signature	_____
Date	_____	Date	_____

**If you require more detailed information about the terms of the above agreement, please ask to see the full VOCAL Wee Breaks & Fundraising policy.**