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|   | **Grant application Form****Edinburgh** |  |
| VOCAL Edinburgh Carers Hub, 60 Leith Walk, Edinburgh EH6 5HBEmail: centre@vocal.org.uk Web: [www.weebreaks.com](http://www.weebreaks.com) Tel: 0131 622 6666

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| Recognising the impact of the pandemic and the challenges carers are facing, additional funds have been allocated by local and national government to help carers in Edinburgh **to access breaks from caring, address financial hardship or improve wellbeing.**Carers in Edinburgh can now apply to VOCAL Wee Breaks for a one-off grant to fund short breaks, help with financial difficulties or improve your wellbeing.The grant can be spent in a number of ways which improve individual self-care and wellbeing, reduce social isolation or encourage you to pursue hobbies and interests – anything that gives you a break from caring. **Here are some ideas you might want to consider:** | **Short breaks options**You might want to go for a day trip or residential trip in the UK with your friends or family. You could apply for accommodation and travel costs, or the entry fee to attend a tourist attraction. Or you could apply for equipment costs such as to buy a tent or outdoor clothing. **Dealing with financial difficulties** If you are struggling to make ends meet you could apply for a grant to help out. Maybe you could benefit from costs to help you get a job such as for interview clothes, travel costs to an interview or learning a new skill. Do you need help to pay utility bills debt or buy essential furniture or white goods for your house? **Physical or mental wellbeing options**Exercise and relaxation activities can help you recharge your batteries! You might want to purchase bicycle, skateboard, dart board or some fitness equipment. Or you might want to access mindfulness, Tai Chi or yoga classes. How about a spa day or a self-care gift package? **Personal interest options** Taking up a course can give you a break and time to focus on your own interests and learning. What do you enjoy doing? Would equipment or materials help you develop your hobby or interest? Maybe you would like a magazine or audio-book subscription?**Digital Options**Would a smartphone, tablet, laptop, TV or gaming equipment keep you in contact with the world during lock-down? Do you need a Wi-Fi connection to get online, help with the monthly costs for an internet provider, TV license or a Netflix/Prime/Disney+ subscription because visiting the cinema isn’t an option right now.Would some classes help you to learn more about the internet or staying in touch with family and friends digitally? |  |  |

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| **Application Form** |  |  |
| 1. **Information about you – the carer**
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|  |  |  |  |  |
|  | First and Surname |  |  |
|  |  |  |  |  |
|  | Address |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  | Postcode |  |  |
|  |  |  |
|  | Tel/Email |  |
|  |  |  |  |
|  | Year of Birth |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Ethnicity |  | Gender 🞏 Male 🞏 Female 🞏 Other |
|  |  |  |  |  |
|  | **Have you applied to VOCAL’s Wee Breaks Fund before?** | Y |  | N |  |  | **If yes, when?** |
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|  |  |  |  |  |  |  |  |
|  | **2. Is the Fund for me?** |  |  |  |  |  | Priority will be given to carers * who have not previously received support from VOCAL’s Wee Breaks Funds
* who would otherwise be unable to afford a break/the item
* who can demonstrate in the application that the break will benefit them to balance care with time for themselves, and help their finances or personal health, wellbeing and relationships.
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|  |  |  |  |  |  |  |
|  | Are you an unpaid carer providing support to someone who lives in Edinburgh (out with a long-term residential care setting)? | Y |  | N |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Will this funding improve the quality of **your** life? | Y |  | N |  |  |
|  |  |  |  |  |  |  |
|  | 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 Carer Support Worker, GP, Nurse, OT, Social Worker, CPN, Teacher, Youth Worker? | Y |  | N |  |  |
|  |  |
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|  |  |  |  |  |  |  |
|  | Do you already receive support in your caring role from City of Edinburgh Council or any other agency? | Y |  | N |  |  |
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|  |  |  |  |  |  |  |
|  | Are you in receipt of welfare benefits? |  Y |  | N |  |  |
|  |  |
|  | **Please bear in mind:** |  |  |  |  |  |  |
|  | * **The highest priority** is given to carers in greatest need, whether due to carer stress or financial hardship – we rely on carers to tell us why they feel they need the break.
* We cannot pay for breaks that should be provided by statutory services or which you are able to fund yourself.
* We cannot pay for breaks if you care for a person who lives in a long term residential care facility
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|  | 1. **Information about each person you care for and the caring situation**

 **(*please complete one section for each person you care for*).** |
|  |  |
|  | **Person 1**: Age of the person cared for | (1) |
|  |  |  |
|  | Relationship to you |  |
|  |  |  |
|  | Ethnicity |  |  |
|  |  |  |  |
|  | Please describe the person’s health condition(s), including any diagnosed conditions, 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?  |  |  |
|  |
|  | **Person 2:** Age of the person cared for | (2) |
|  |  |  |
|  | Relationship to you |  |
|  |  |  |
|  | Ethnicity  |  |
|  |  |  |  |
|  | 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?  |  |  |

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|  **4. Information about proposed break/item**  |  |  |
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|  | **What** are you applying for? |  | You can apply for items that will give **YOU** a break from caring, improve your finances or wellbeing. For ideas and examples on short breaks, please see our Wee Breakson our websites [www.vocal.org.uk](http://www.vocal.org.uk) or [www.weebreaks.org.uk](http://www.weebreaks.org.uk) We **can’t** fund items that have already been booked, ordered, paid for or taken.  |
|  |  |  |  |
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|  | If you are applying for a short break, **how** will the person you care for be supported while you are on your break? |  |
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|  |  |  |  |  |  |  |
|  | **When** will you have your break/use the item?  |  |  |
|  |  |  |  |  |  |  |  |
|  | **Where** will you have your break/use the item? |  |  |
|  |  |  |  |  |  |  | Average grants will be in the region of £250-350. They may contribute to a larger project.**Examples** of amounts awarded:- £300 for comp. therapies- £350 for a sitter service- £250 for a weekend away - £400 towards a week away- £400 for a shed- £250 for lessons, annual membership for gym/class/group etc.Consider what you said when you described your caring role. Tell us what difference this funding could make to you.Describe why you need help financially to pay for the item. If you are on welfare benefits, please tell us which ones. People who have benefited from the funding have reported improvements in their health and wellbeing, stress levels, family relationships and caring situation.If you are applying for a break with the person you care for, you must demonstrate how it will give you a break. |
|  | **How much** will your break/item cost? ***Please provide a breakdown of the approximate costs:*** The amount awarded may not meet the full cost – if you were awarded less, how would you make up the difference? |  |
|  |  |  |  |  |  |  |
|  | Please describe the difference this funding will make to you. |  |

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| **5. Referring/Supporting Professional** |  |  |
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|  | Name |  | 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 Carer Support Worker at VOCAL or another agency you are in touch with, or a GP, Nurse, OT, Social Worker, CPN, Teacher, Youth Worker. |
|  |  |  |  |
|  | Organisation |  |
|  |  |  |  |
|  | Job Title/Position  |  |
|  |  |  |  |
|  | Tel No. |  |
|  |  |  |  |
|  | Email |  |
|  |  |  |  |
|  | **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? |  |
|  |  |  |  |  |
|  | Practitioner’s signature:(may be digital or by separate confirmation) |  |
|  |  |  |  |  |  |  |  |
|  | **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**
 |  |  |
|  |  |  |  |
|  | Carers signature: |  |
|  |  |  |  |
|  | Date: |  |
|  |  |  |

**Please return completed application forms to:**

VOCAL Edinburgh Carers Hub, 60 Leith Walk, Edinburgh EH6 5HB

Email: centre@vocal.org.uk Web: [www.weebreaks.com](http://www.weebreaks.com) Tel: 0131 622 6666

 **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 practitioner 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.

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

I agree to abide by any terms and conditions of external organisation involved in providing a break.

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 any grants I receive within the timescale given.

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 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

**Data Protection Statement**: By signing this form you consent to share all of the information included with VOCAL staff members, Edinburgh Health & Social Care Partnership and any other funders supporting VOCAL’s Wee Breaks Fund.  Wherever possible, VOCAL will anonymise information and 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 622 6666. VOCAL’s full privacy policy is available online at [vocal.org.uk/about/privacy/](https://www.vocal.org.uk/about/privacy/) Please tick if you **DO NOT** want VOCAL to hold your details.

Please continue to the next page:



If successful, I would like to receive my VOCAL 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: |  |  | - |  |  | - |  |  |
|  |
| Account Number: |  |  |  |  |  |  |  |  |

**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.

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| --- |
| **For VOCAL use only:** |
| Payee Name: |  |
| Award amount: |  |
| Fund: |  |