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|  | VOCAL Wee Breaks  **Application Form**  **Edinburgh**  February-March 2021 |  |
| VOCAL Edinburgh Carers Hub, 60 Leith Walk, Edinburgh EH6 5HB  Email: [centre@vocal.org.uk](mailto:centre@vocal.org.uk) Web: [www.weebreaks.com](http://www.weebreaks.com) Tel: 0131 622 6666   |  |  |  |  | | --- | --- | --- | --- | | Recognising the impact of the pandemic and the challenges carers face in lock-down, the Scottish Government has allocated additional funds to help carers to access breaks from caring.  Carers in Edinburgh can now apply to VOCAL Wee Breaks for a one-off grant to fund short breaks.  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:** | **Mental Wellbeing Options**  Activities such as *Mindfulness* can give you much-needed time out to focus on you. Therapeutic supports such as *Counselling* provide the chance to talk with someone trained to listen and support you.  You could create a calming indoor/outdoor space, or subscribe to a monthly self-care gift package. Alternatively, you may want to expand your cookery skills, create a herb garden or learn more about healthy eating.  **Physical Activity Options**  We all need exercise, now more than ever! You might want to purchase bicycle, skateboard, dart board or some fitness equipment.  Join a virtual fitness class or group to to improve your physical health, socialise with others or even hire a personal trainer!  **Education Options**  Taking up an online course at the Edinburgh College, Open University or elsewhere might give you a break and time to focus on your own interests and learning.  Would a tutor for you or your children give you a few hours’ break every week?  **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?  **Hobbies and Interests Offer**  Music can lift our spirits and provide wonderful breaks from caring. You might like to try an instrument, a subscription to Spotify or even buy a digital radio, headphones or DJ equipment!  Reading books, audio books or a subscription to a magazine, learning and playing board games or puzzles all provide relaxation and a break from routine.  Whatever your hobby or interest, would spending a little more time on it give you a better break from caring |  |  | | | |

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| **Application Form** | | | | | | | | | | | | | | |  | | | | | |  | |
| 1. **Information about you – the carer** | | | | | | | | | | | | | | |  | | | | | |  | |
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|  | First and Surname | | | | | | | | | | | | | | | | | |  | |  | |
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|  | Address | | | | | | | | | | | | | | | | | |  | |  | |
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|  | Postcode | | | | | | | | | | | | | | | | | |  | |  | |
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|  | Tel/Email | | | | | | | | | | | | | | | | | |  | |
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|  | Year of Birth |  |  |  |  |  |  | | | | | | | | | | | | | | | | |
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|  | Ethnicity | | | | | | |  | Gender 🞏 Male 🞏 Female 🞏 Other | | | | | | | | | | | | | |
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|  | **Have you applied to a VOCAL 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 * who can demonstrate in the application that the break will benefit them to balance care with time for themselves, and help their 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 |  | |  | |
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|  | Will this funding give **you** a break from caring? | | | | | | | | | | | Y | |  | | | N |  | |  | |
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|  | 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 able to finance the break yourself? | | | | | | | | | | | Y | |  | | | N |  | |  | |
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|  | **Please bear in mind:** | | | | | | | | | | |  | |  | | |  |  | |  | |  |
|  | * **The highest priority** is given to applications for **grants which can be spent by 31st March 2021** so that carers can benefit from a short break during this winter and lockdown. * If your application is to purchase online classes, counselling/befriending sessions etc. and these are in a block, it is okay for these to run after the 31st March to complete the course, however they should be paid for and started before the end of March 2021 and aim to be completed by end May 2021. * Applications for **breaks from April onwards** – e.g. to take a holiday or purchase driving lessons later in the year once lockdown has been relaxed – can also be considered. * We cannot pay for breaks that should be provided by statutory services or which you are able to fund yourself. | | | | | | | | | | | | | | | | | | | | | |

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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*).** | | | | |
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|  | **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? | |  | |  |
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|  | **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. | |
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|  | How long have you cared for them? | |  | |  |
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|  | How many hours a week do you care for them? | |  | |  |

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| **4. Information about proposed break**  **Please complete with the person you have spoken to about your break** | | | | | |  |  |
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|  | **What** are you applying for? | | | | |  | You can apply for anything that will give **YOU** a break from caring.  For ideas and examples, 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 breaks that have already been booked, ordered, paid for or taken. |
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|  | **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? | | | | |  |  |
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|  | **Where** will you have your break? | | | | |  |  |
|  |  |  |  |  |  |  | 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  - £500 for a week away  - £400 for a shed  - £500 for a laptop, driving lessons, annual membership for gym/class/group etc.  If you are applying for a break with the person you care for, you must demonstrate how 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. |
|  | **How much** will your break cost? ***Please provide a breakdown of the approximate costs:***  The amount awarded may not meet the full cost of your break – if you were awarded less, how would you make up the difference? | | | | |  |
|  |  |  |  |  |  |  |
|  | Please describe the difference your break will make to you. | | | | |  |

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| **5. Referring/Supporting Professional** | | | | | | |  |  | | |
|  |  |  | | | | |  |  | | |
|  | 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 | | | | | |  |
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|  | Tel No. | | | | | |  |
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|  | Email | | | | | |  |
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|  | **I have checked this form, added my comments below and can confirm that it is an accurate reflection of the carers circumstances** | | | | |  |  |
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|  | How long have you been supporting carer and in what capacity? | | | | | |  |
|  |  |  | | | | |  |  | | |
|  | Practitioner’s signature:  (may be digital or by separate confirmation) | | | | | |  |
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|  | **6. Agreement to Terms & Conditions** | | | | | |  |  | | |
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|  | * The information above is correct and I give permission for it to be shared with the panel | | | | | | | |  |  |
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|  | * 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](mailto:centre@vocal.org.uk) Web: [www.weebreaks.com](http://www.weebreaks.com) Tel: 0131 622 6666

**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



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: |  | | | | | | | | |
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| Name of Bank: |  | | | | | | | | |
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| 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: |  |

 **VOCAL Wee Breaks Fundraising Agreement**

**This agreement covers a six-month period from date of signing**

Your application must be received by 20 March 2021.

Your break must be taken, planned or ordered/ paid for by 31 March 2021.

As part of the application process, you agree to 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. Where the application contributes to a larger project, 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.

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

I will provide receipts for all services, support and equipment purchased with my grant within 14 days.

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 break opportunities and funding also 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 VOCAL 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.

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| --- | --- | --- | --- |
| Name (carer) |  | Name (VOCAL staff) |  |
| Signature |  | Signature |  |
| Date |  | Date |  |

**VOCAL can provide the detailed Wee Breaks Fundraising policy on request.**