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| A logo for a company  Description automatically generated | **Wee Breaks Fund** | **Wee Breaks Midlothian**  VOCAL Midlothian Carer Centre  30/1 Hardengreen Estate  Dalhousie Road, Dalkeith EH22 3NX  Web: www.weebreaks.com  Tel: 0131 663 6869 Email: pquinn@vocal.org.uk |

**Application Form** **2023/2024**

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| 1. **Pre-Qualifying/Eligibility Check**  Do you provide support as an unpaid carer to someone  (out with a long-term residential care setting? \* | Y | N |
| Have you received a Wee Breaks Grant before? \* | Y | N  **Priority will be given to people who have not been given funding previously.** |
| Please provide details of the grant(s) you have been awarded, including the dates. | | |

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| 1. **Support Receiving**   Do you, as an unpaid carer, receive a carer’s support package or budget from your local authority and/or health and social care professionals? \*   Edinburgh Council  Midlothian Council  Other health and social care professional  No, I do not receive any support  Other  What type and/or level of support do you receive? (e.g. number of days or value of support package)  **We may not be able to fund breaks if a carer is already receiving support from Midlothian Council**       |  |  |  | | --- | --- | --- | | Do you have an Adult Carers Support Plan (ACSP)? \*   Edinburgh Council  Midlothian Council  Other health and social care profession |  |  | |

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| 1. **Information about you**     First Name and Surname \*Address including Postcode \*  Family member  Friend   Google search  GP surgery   Leaflet/Flyer  Newspaper   Poster  VOCAL Event   Through another charity  VOCAL Website   Social Media (Facebook, Twitter or LinkedIn)   Professional (Social Worker, Teacher, Nurse, OT)      Male  Female   Prefer to self-describe  Prefer not to say  Email Address \*  Telephone/Mobile \*    Ethnicity \*  White Scottish  White British   White other background  Mixed or multiple ethnic group   Asian  African   Caribbean or Black  Any other ethnic group   Prefer not to say  Date of Birth \*  Gender \*  How did you hear about VOCAL  Wee Breaks \*  How many people do you  provide unpaid care for? \*  1 person  2 people   3 people  4 people |

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| 1. **Caring for 1 Person**  Name    Age   I care for my \*   Child  Grandchild   Grandparent  Neighbour/Friend   Parent  Spouse/Partner   Other Relative  Somebody else  Edinburgh Council  Midlothian Council   Other HSC Professional  Other   No, they don’t receive any support  White Scottish  White British   White other background  Mixed or multiple ethnic group   Asian  African   Caribbean or Black  Any other ethnic group   Prefer not to say  What year was the person you care for born? \*  Ethnicity \*         Does this person receive  Support from their local authority and/or any health/social care professional? \*  What level or value of support  are they receiving? (e.g. number of days or value of support package)  How long have you cared for this person? \*    How many hours a week do you provide unpaid care for  this person?    Does the person you care for have any of these conditions?  Please select all that apply \*         Please describe the impact of the cared for’s conditions and what care you provide for this person? \*  Physical Health Condition  Mental Health Condition   Frailty  Alzheimer’s/Dementia   Neurodiverse/Autism  Learning Difficulty   Substance Misuse (Drugs/Alcohol)  Visual Impairment   Hearing Impairment  Other  Less than 5 hours a week  5-10 hours   11-20 hours  21-30 hours   31-49 hours  50+ hours  Under 1 year  1-2 years   3-5 years  6-10 years   11-19 years  20+ years |

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| 1. **Caring for 2 People**   Name  Person 2: I care for my \*  Child  Grandchild   Grandparent  Neighbour/Friend   Parent  Spouse/Partner   Other Relative  Somebody else    Person 2: What year was the person you care for born? \*   Person 2: Ethnicity \*  White Scottish  White British   White other background  Mixed or multiple ethnic group   Asian  African   Caribbean or Black  Any other ethnic group   Prefer not to say  Person 2: Does this person receive support from their local authority and/or any health/social care   professional? \*   What level or value of support   are they receiving? (e.g. number of days or value of support package)   Person 2: How long have you   cared for this person? \*     Person 2: How many hours a   week do you provide unpaid   care for this person?    Person 2: Does the person you   care for have any of these   conditions? Please select all   that apply \*     Please describe the impact of the cared for’s conditions and what care you provide for this person? \*  Under 1 year  1-2 years   3-5 years  6-10 years   11-19 years  20+ years  Edinburgh Council  Midlothian Council   Other HSC Professional  Other   No, they don’t receive any support  Physical Health Condition  Mental Health Condition   Frailty  Alzheimer’s/Dementia   Neurodiverse/Autism  Learning Difficulty   Substance Misuse (Drugs/Alcohol)  Visual Impairment   Hearing Impairment  Other  Less than 5 hours a week  5-10 hours   11-20 hours  21-30 hours   31-49 hours  50+ hours  Please tell us about any other caring responsibilities you have and if this takes up a significant amount of your time. \* |

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| 1. **What are you applying for?**   What are you applying for? Please provide details. \*  **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**   Where would you like to take the break? \*  When would you like to take the break? \*  **We can’t fund breaks that have already been booked or taken.**   How will the person(s) you care for be supported while you take a break? \*  What is the total cost of the break? If possible, please provide a breakdown of the costs. \*  What are the 3 key outcomes you would hope to achieve as a result of your break? Please select 3 options.  Thinking about the break, what difference will it make to you? \*    **Average grants will be in the region of £400 - £450.**  **Examples of amounts awarded:**  **- £400 for comp. therapies**  **- £600 for a sitter service**  **- £400 for weekend away**  **- £650 for week away**  **- £650 for a shed**  **- £700 for driving lessons**  **- £600 for annual membership   for gym/class/group etc.**  Improved Health and Wellbeing   Able to live a life on my own   Improved relationship with the person I care for    Improved opportunities to enjoy a life outside/alongside my caring role   Feeling confident and able to continue my caring role   Feeling informed/equipped and safe in my caring role   Improved quality of life for the person I care for   Reduce likelihood of breakdown and crisis   Reduced social isolation and loneliness, for example increase social circles, connections and activities   Having more opportunities to enjoy a life outside/alongside the caring role   Other  **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.** |
| 1. **Financial Situation** Are you able to contribute anything towards the overall cost of the break? \* Y  N   If not, please briefly explain         Are you in receipt of any means tested benefits? \*  Not in receipt of any benefit   Carers allowance   Child tax credit   Housing benefit   Income related ESA   Income support   Income related job seekers allowance   Pension credit   Universal credit (UC) income   Working tax credit |
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| |  | | --- | | 1. **Referring/Supporting Professional**  The application must be supported by someone who has supported you and/or the person you care for in a professional capacity e.g. VOCAL Carer Support Practitioner, GP, District Nurse, Occupational Therapist, Social Worker, CPN, Teacher, Community Worker. If you do not have a professional who can support your application, please contact VOCAL.  Can your application by supported by a Health or Social Care Professional? \* Y  N   Professional Full Name   Organisation   Professional’s Job  Title/Position   Professional’s Telephone Number  Professional’s Email Address  Professional: Do you support the carer or the person(s)  requiring care?   Professional: How long have  you been providing this support?  Professional: In what capacity have you supported the applicant/carer or person(s) requiring care?            I have checked this form,  added my comments and can confirm it is an accurate reflection of the carer’s  circumstance  Professional’s Signature   Agree  Carer  Cared for  Both | |
| 1. **Agreement to Terms and Conditions** The information above is correct and I give permission for this to be shared with the VOCAL panel \*   Agree  I agree to provide feedback to VOCAL if requested, which may be used for communication purposes, future service development and reporting back to funders \*   Agree  The ward will only be used by the named applicant and for the purpose as described in this application \*   Agree  If my application has been supported by a Professional, I agree that a copy of my application can be shared with them \*   Agree  Please confirm you have read the following Data Protection statement and agree.  By signing this form you consent to share all of the information included with VOCAL’s Funding Panel, VOCAL staff members, Edinburgh or Midlothian Health & Social Care Partnerships, Shared Care Scotland 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 (for example, with the Scottish Government to contribute to the Carer Census (Carers (Scotland) Action 2016), or with your consent.  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 [www.vocal.org.uk/about/privacy/](https://www.vocal.org.uk/about/privacy/) \*   Carers Signature     Please confirm you have read the Wee Breaks & Fundraising policy and agree to the terms stated \*  Carers Signature |

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**Wee Breaks and Fundraising policy**

**Introduction**

This policy sets out arrangements for applying for Wee Breaks at VOCAL, as well as other grants that may be available to carers. This includes funds provided through VOCAL, as well as grants which may be available from other agencies. To make sure as many carers as possible can benefit, VOCAL will also limit the number of short breaks and fundraising opportunities that can be accessed by each carer. This policy sets out how this will work.

This policy covers the following interventions:

* Tickets, vouchers, trips, and group events
* Overnight breaks
* Funding applications for grants or vouchers

Wherever possible VOCAL aims to offer support to as many carers as possible, but sometimes funders set criteria that means only certain carers can apply.

As resources are limited, VOCAL aims to ensure opportunities are allocated to carers in greatest need. Where opportunities are promoted publicly e.g., via the Wee Breaks website, carers are asked to initially ‘request’ these – there is no automatic right to receipt.

**Carers in greatest need** are carers at risk of isolation, exclusion or disadvantage, whose caring role and lack of support impact on their:

* physical, emotional mental health and wellbeing
* ability to balance the caring role with a life of their own
* financial wellbeing and ability to afford basic necessities

VOCAL allows carers to self-define need, by asking and assessing what difference the support they apply for would make to their lives. VOCAL does not apply **formal** means-testing, i.e., where a person is eligible for support only if their own financial means are below a threshold. VOCAL does, however, ask carers if they are in receipt of any welfare benefits.

**The VOCAL approach**

VOCAL practitioners will consider carers’ requests as part of their work to provide holistic support. Holistic support means the practitioner will explore with each carer what is important to them across various areas in relation to their caring role and records these outcomes, along with any support identified as needed, in a ‘support plan’ also known as an Adult Carer Support Plan.

Carers accessing support must be registered with VOCAL. You can do this here: [www.vocal.org.uk/referrals](http://www.vocal.org.uk/referrals) or by telephone on 0808 1966666.

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**Role of ‘supporting professionals’**

VOCAL interventions will generally only be provided when both the carer **and** a carer support practitioner or supporting professional agree the support will enable the carer to meet their identified outcomes.

Some interventions will therefore require a supporting professional to endorse the application. This could be the carer support practitioner or another professional who knows the carer well.

**Policy limitations**

The following limits are in place for applying for VOCAL interventions covered by this policy. These include:

* VOCAL will raise no more than £800 towards the cost of a short break and no more than £2000 towards specialist equipment at any one time.
* No more than eight ticketed events, trips and group events can be accessed through the Wee Breaks website over a 24-month period.
* No more than two overnight breaks (of up to 7 days) can be accessed over a 24-month period (only one of which can be obtained through making an application to VOCAL’s Wee Breaks Fund).
* Applications for trips out with the UK will not be supported.
* No more than four applications for direct funding will be made by VOCAL staff over a 24-month period, including applications for VOCAL funds.
* VOCAL will not complete more than two applications for the same item.
* VOCAL will restrict the number of grants and support to the same household and will not accept different applications from carers sharing the same household. This is most likely to occur in spousal relationships, but not exclusively so, and will be applied to any shared caring role.
* Where more than one carer shares a caring role VOCAL will consider a joint application from the same household and will also consider increasing the maximum award to support a joint application.

Exceptional circumstances will be considered but must be agreed by VOCAL’s Head of Carer Support in advance.

**Guidance on average Wee Break awards**

Items and opportunities applied for will be considered on their merit by the Funding Panel. The average Wee Break award will be in the region of £400 - £450, however for those with the most significant needs the panel can consider grants awards of up to £800.

**Policy exclusions**

VOCAL has separate guidance and criteria relating to its crisis or welfare grants, which can be accessed in times of financial hardship and these are not restricted by this policy.

VOCAL recognises that there may be extreme circumstances when carers may be facing a crisis and, on these occasions, we may consider providing fundraising support beyond the limitations of its policies.

**Successful awards**

Carers will be informed in writing that their application for funding has been successful. Payment will be made directly into their nominated bank account or via a cheque. If carers do not have a bank account, VOCAL will consider making a cash payment which must be collected in person from the carers centre.

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On most occasions carers will be responsible for purchasing the break or item themselves and are required to spend funds ONLY for the purpose set out in the original application. If carers are not able to use the award for its original purpose and want to use it for something different, they must contact VOCAL and seek permission to do so.

No payments, including deposits, will be made until awards have been confirmed and VOCAL will not provide funds retrospectively. If more than one fund is applied to, VOCAL will not pay any money until the agreed total has been reached.

Carers will also be asked to return evidence of spend within a certain timescale which can be in the form of receipts. If receipts are not returned, the individual carer may not be able to apply for interventions in the future from VOCAL.

**Unsuccessful VOCAL awards or interventions**

Where an application has not been awarded by VOCAL’s Funding Panel, the carer will be informed in writing and will also detail follow-up support available.

Where insufficient money can be raised to purchase the identified item or break, a VOCAL staff member will discuss alternative options. These could include carers making personal contributions, exploring cheaper options, or returning all funding received.

**Data protection**

VOCAL staff will seek carer consent to record personal details to provide support with the fundraising process. Any personal information including payment details supplied, will be processed in line with VOCAL’s Data Protection policy, and stored in a secure online recording system.

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**Wee Breaks & Fundraising Agreement:**

As part of the 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 you give to VOCAL must be correct and an accurate reflection of your caring role.

You understand and accept that the information you provide while submitting any funding applications can be shared with our Funding Panel, the local authority, Shared Care Scotland, and any other funders.

VOCAL’s Funding Panel will scrutinise all applications made and will award based on the information submitted and the desired outcome to be achieved.

You must provide receipts for all services, support and equipment purchased with any grants received within the designated timescales.

You must provide feedback to VOCAL or other organisations about what difference the intervention has made and give consent for this to be used by VOCAL to secure future funds and for marketing purposes. This information will be shared with securely and where requested, anonymously.

You must provide at least 48 hours’ notice if you are no longer able to use the grant or break provided and understand that if no notice is given, you may be asked to return the grant or cover any costs associated with the cancelled break.

If you break this agreement in any way, you may not be able to access fundraising support from VOCAL again in the future.

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

By signing the agreement below you are accepting all the terms set out above.

Name (carer) Name (VOCAL worker)

Signature Signature

Date Date

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

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| 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: |  |