



# 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)  
Tel: 0131 663 6869  
Email: [pquinn@vocal.org.uk](mailto:pquinn@vocal.org.uk)

## Application Form 2024/2025

### 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.

### 2. 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? \*

- |  |   |
|--|---|
| <input type="checkbox"/> Edinburgh Council                         | <input type="checkbox"/> Midlothian Council               |
| <input type="checkbox"/> Other health and social care professional | <input type="checkbox"/> No, I do not receive any support |
| <input type="checkbox"/> 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

### 3. Information about you

First Name and Surname \*

Address including Postcode \*

Email Address \*

Telephone/Mobile \*

Ethnicity \*

- |   |   |
|---|---|
| <input type="checkbox"/> White Scottish         | <input type="checkbox"/> White British                  |
| <input type="checkbox"/> White other background | <input type="checkbox"/> Mixed or multiple ethnic group |
| <input type="checkbox"/> Asian                  | <input type="checkbox"/> African                        |
| <input type="checkbox"/> Caribbean or Black     | <input type="checkbox"/> Any other ethnic group         |
| <input type="checkbox"/> Prefer not to say      |   |

Date of Birth \*

|                      |                      |   |                      |                      |   |                      |                      |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|

Gender \*

- |  |  |
|--|--|
| <input type="checkbox"/> Male                    | <input type="checkbox"/> Female            |
| <input type="checkbox"/> Prefer to self-describe | <input type="checkbox"/> Prefer not to say |

How did you hear about VOCAL Wee Breaks \*

- |   |  |
|---|--|
| <input type="checkbox"/> Family member                                    | <input type="checkbox"/> Friend        |
| <input type="checkbox"/> Google search                                    | <input type="checkbox"/> GP surgery    |
| <input type="checkbox"/> Leaflet/Flyer                                    | <input type="checkbox"/> Newspaper     |
| <input type="checkbox"/> Poster   | <input type="checkbox"/> VOCAL Event   |
| <input type="checkbox"/> Through another charity                          | <input type="checkbox"/> VOCAL Website |
| <input type="checkbox"/> Social Media (Facebook, Twitter or LinkedIn)     |  |
| <input type="checkbox"/> Professional (Social Worker, Teacher, Nurse, OT) |  |

How many people do you provide unpaid care for? \*

- |                                   |                                   |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> 1 person | <input type="checkbox"/> 2 people |
| <input type="checkbox"/> 3 people | <input type="checkbox"/> 4 people |

## 4. Caring for 1 Person

Name

Age

I care for my \*

- |   |   |
|---|---|
| <input type="checkbox"/> Child          | <input type="checkbox"/> Grandchild       |
| <input type="checkbox"/> Grandparent    | <input type="checkbox"/> Neighbour/Friend |
| <input type="checkbox"/> Parent         | <input type="checkbox"/> Spouse/Partner   |
| <input type="checkbox"/> Other Relative | <input type="checkbox"/> Somebody else    |

What year was the person you care for born? \*

Ethnicity \*

- |   |   |
|---|---|
| <input type="checkbox"/> White Scottish         | <input type="checkbox"/> White British                  |
| <input type="checkbox"/> White other background | <input type="checkbox"/> Mixed or multiple ethnic group |
| <input type="checkbox"/> Asian                  | <input type="checkbox"/> African                        |
| <input type="checkbox"/> Caribbean or Black     | <input type="checkbox"/> Any other ethnic group         |
| <input type="checkbox"/> Prefer not to say      |   |

Does this person receive Support from their local authority and/or any health/social care professional? \*

- |   |   |
|---|---|
| <input type="checkbox"/> Edinburgh Council                  | <input type="checkbox"/> Midlothian Council |
| <input type="checkbox"/> Other HSC Professional             | <input type="checkbox"/> Other              |
| <input type="checkbox"/> No, they don't receive any support |   |

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? \*

- |                                       |                                     |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Under 1 year | <input type="checkbox"/> 1-2 years  |
| <input type="checkbox"/> 3-5 years    | <input type="checkbox"/> 6-10 years |
| <input type="checkbox"/> 11-19 years  | <input type="checkbox"/> 20+ years  |

How many hours a week do you provide unpaid care for this person?

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Less than 5 hours a week | <input type="checkbox"/> 5-10 hours  |
| <input type="checkbox"/> 11-20 hours              | <input type="checkbox"/> 21-30 hours |
| <input type="checkbox"/> 31-49 hours              | <input type="checkbox"/> 50+ hours   |

Does the person you care for have any of these conditions? Please select all that apply \*

- |   |  |
|---|--|
| <input type="checkbox"/> Physical Health Condition        | <input type="checkbox"/> Mental Health Condition |
| <input type="checkbox"/> Frailty                          | <input type="checkbox"/> Alzheimer's/Dementia    |
| <input type="checkbox"/> Neurodiverse/Autism              | <input type="checkbox"/> Learning Difficulty     |
| <input type="checkbox"/> Substance Misuse (Drugs/Alcohol) | <input type="checkbox"/> Visual Impairment       |
| <input type="checkbox"/> Hearing Impairment               | <input type="checkbox"/> Other                   |

Please describe the impact of the cared for's conditions and what care you provide for this person? \*

## 5. Caring for 2 People

Name

Person 2: I care for my \*

- |   |   |
|---|---|
| <input type="checkbox"/> Child          | <input type="checkbox"/> Grandchild       |
| <input type="checkbox"/> Grandparent    | <input type="checkbox"/> Neighbour/Friend |
| <input type="checkbox"/> Parent         | <input type="checkbox"/> Spouse/Partner   |
| <input type="checkbox"/> Other Relative | <input type="checkbox"/> Somebody else    |

Person 2: What year was the person you care for born? \*

Person 2: Ethnicity \*

- |   |   |
|---|---|
| <input type="checkbox"/> White Scottish         | <input type="checkbox"/> White British                  |
| <input type="checkbox"/> White other background | <input type="checkbox"/> Mixed or multiple ethnic group |
| <input type="checkbox"/> Asian                  | <input type="checkbox"/> African                        |
| <input type="checkbox"/> Caribbean or Black     | <input type="checkbox"/> Any other ethnic group         |
| <input type="checkbox"/> Prefer not to say      |   |

Person 2: Does this person receive support from their local authority and/or any health/social care professional? \*

- |   |   |
|---|---|
| <input type="checkbox"/> Edinburgh Council                  | <input type="checkbox"/> Midlothian Council |
| <input type="checkbox"/> Other HSC Professional             | <input type="checkbox"/> Other              |
| <input type="checkbox"/> No, they don't receive any support |   |

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? \*

- |                                       |                                     |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Under 1 year | <input type="checkbox"/> 1-2 years  |
| <input type="checkbox"/> 3-5 years    | <input type="checkbox"/> 6-10 years |
| <input type="checkbox"/> 11-19 years  | <input type="checkbox"/> 20+ years  |

Person 2: How many hours a week do you provide unpaid care for this person?

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Less than 5 hours a week | <input type="checkbox"/> 5-10 hours  |
| <input type="checkbox"/> 11-20 hours              | <input type="checkbox"/> 21-30 hours |
| <input type="checkbox"/> 31-49 hours              | <input type="checkbox"/> 50+ hours   |

Person 2: Does the person you care for have any of these conditions? Please select all that apply \*

- |   |  |
|---|--|
| <input type="checkbox"/> Physical Health Condition        | <input type="checkbox"/> Mental Health Condition |
| <input type="checkbox"/> Frailty                          | <input type="checkbox"/> Alzheimer's/Dementia    |
| <input type="checkbox"/> Neurodiverse/Autism              | <input type="checkbox"/> Learning Difficulty     |
| <input type="checkbox"/> Substance Misuse (Drugs/Alcohol) | <input type="checkbox"/> Visual Impairment       |
| <input type="checkbox"/> Hearing Impairment               | <input type="checkbox"/> Other                   |

Please describe the impact of the cared for's conditions and what care you provide for this person? \*

Please tell us about any other caring responsibilities you have and if this takes up a significant amount of your time. \*

## 6. What are you applying for?

What are you applying for? Please provide details. \*

- Funding for a break of your choice (for example, gym membership, a holiday or weekend away, computer equipment, garden equipment). An estimated total cost can be provided on the next page.
- A three- or four-night stay at one of VOCAL's holiday homes - Hawthorn Brae, a three-bedroom cottage in Blair Atholl, Perthshire or three-bedroom holiday homes in Seton Sands holiday park, East Lothian. Please provide your preferred location and dates. There is no need to provide a total cost on the next page.

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. \*

**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.

What are the 3 key outcomes you would hope to achieve as a result of your break? Please select 3 options.

- 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

Thinking about the break, what difference will it make to you? \*

**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.**

## 7. 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



## 8. 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 be 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?

- Carer  
 Cared for  
 Both

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

Agree

Professional's Signature:

## 9. 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/](http://www.vocal.org.uk/about/privacy/) \*

Carer's Signature

Please confirm you have read the Wee Breaks & Fundraising policy and agree to the terms stated \*

Carer's Signature

## 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.

### **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.

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.

## 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



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

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.

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



