

# Carers Funds

## Application form (for Network Partners records)

**Please note:** This form **CANNOT** be submitted directly to Carers Trust. It should be used by Network Partners in the collection, processing, sharing and storage of carers personal data for the application to Carers Funds. Once the information is collected, this will need to be transferred onto the Carers Funds online application form by a member of Network Partner staff. Carers Funds applications can only be submitted online, we cannot accept applications submitted by email or post.

**Carers Funds is open to carers aged 16 and over.** Network Partners across the UK can apply on behalf of individual carers for grants of **up to £300** for items or activities that will **benefit them in their caring role** and/or will alleviate the additional strain that caring may bring e.g.

- Purchase of household items including cookers, fridges, beds, washing machines etc.
- Purchase of IT and mobile phone equipment, software or data allowances
- Essential home repairs
- Costs associated with accessing courses and purchase of related materials
- Breaks with or without those that are in receipt of care
- Transport costs relating to the caring role (unfortunately we cannot support with the cost of driving lessons or tests)

This list does not represent everything Carers Trust will consider supporting. We are keen that carers are encouraged to seek support for the issues that they are faced with.

It is useful to be clear from the outset what we cannot fund. The following costs **WILL NOT** be funded from Carers Funds:

- Grants for young carers (aged 5-15)
- Driving lessons and tests
- Utility bills and payments such as gas, electricity and water
- Credit card bills or debt repayments
- Long term replacement care
- Specialised equipment such as wheelchairs and associated costs (e.g. batteries, power packs), scooters, stair lifts and other home adaptations
- Any costs associated with motor vehicles including their maintenance or repair.
- PPE (Personal Protective Equipment)

**Section 1: Contact details****Network Partner name:****Network Partner contact name:****Contact email:****Contact phone:****Carer name:****Date of birth:****Address:****Postcode:****Section 2: Details of the caring situation****What are you applying for?****Please tick**

Breaks

Household Items

Courses and Skills

Transport

Digital Equipment

**How many hours a week (in total) do you spend caring (Please tick)?**

0 – 20

61 – 80

21 – 35

81 – 100

36 – 60

101 +

Please complete a separate section about each person (max 4) you provide care to.

Person 1:			
<b>The person I provide care to is (Please tick):</b>			
Adult child (over 16)	<input type="checkbox"/>	Other relative	<input type="checkbox"/>
Child (under 18)	<input type="checkbox"/>	Parent	<input type="checkbox"/>
Friend	<input type="checkbox"/>	Partner	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>	Sibling	<input type="checkbox"/>
Neighbour	<input type="checkbox"/>	Spouse	<input type="checkbox"/>
Other	<input type="checkbox"/>		
<b>Date of Birth of person I provide care to:</b>	.././....		
<b>What condition is the person you provide care for affected by? (Please tick):</b>			
Autism spectrum disorder	<input type="checkbox"/>	Mental health illness	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	Other condition	<input type="checkbox"/>
Dementia	<input type="checkbox"/>	Physical disability	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	Substance misuse	<input type="checkbox"/>
Life limiting condition	<input type="checkbox"/>		
Please provide details of the condition:			
<b>What is the nature of care you provide? (please tick all boxes that apply)</b>			
Personal care (help to go to the toilet)	<input type="checkbox"/>	Help with liaising with professionals (completing forms, accompanying to appointments)	<input type="checkbox"/>
Personal care (help washing, bathing, showering)	<input type="checkbox"/>	Help with managing finances	<input type="checkbox"/>
Personal care (help getting dressed)	<input type="checkbox"/>	Household tasks (cooking, cleaning, washing clothes, food shopping)	<input type="checkbox"/>

Emotional support	<input type="checkbox"/>	Help with communication	<input type="checkbox"/>
Assistance with medication	<input type="checkbox"/>	Help with managing challenging behaviour	<input type="checkbox"/>
<b>Person 2:</b>			
<b>The person I provide care to is (Please tick):</b>			
Adult child (over 16)	<input type="checkbox"/>	Other relative	<input type="checkbox"/>
Child (under 18)	<input type="checkbox"/>	Parent	<input type="checkbox"/>
Friend	<input type="checkbox"/>	Partner	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>	Sibling	<input type="checkbox"/>
Neighbour	<input type="checkbox"/>	Spouse	<input type="checkbox"/>
Other	<input type="checkbox"/>		
<b>Date of Birth of person I provide care to:</b>	.././.....		
<b>What condition is the person you provide care for affected by? (Please tick):</b>			
Autism spectrum disorder	<input type="checkbox"/>	Mental health illness	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	Other condition	<input type="checkbox"/>
Dementia	<input type="checkbox"/>	Physical disability	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	Substance misuse	<input type="checkbox"/>
Life limiting condition	<input type="checkbox"/>		
Please provide details of the condition:			
<b>What is the nature of care you provide? (please tick all boxes that apply)</b>			
Personal care (help to go to the toilet)	<input type="checkbox"/>	Help with liaising with professionals (completing forms, accompanying to appointments)	<input type="checkbox"/>
Personal care (help washing, bathing, showering)	<input type="checkbox"/>	Help with managing finances	<input type="checkbox"/>

Personal care (help getting dressed)	<input type="checkbox"/>	Household tasks (cooking, cleaning, washing clothes, food shopping)	<input type="checkbox"/>
Emotional support	<input type="checkbox"/>	Help with communication	<input type="checkbox"/>
Assistance with medication	<input type="checkbox"/>	Help with managing challenging behaviour	<input type="checkbox"/>
<b>Person 3:</b>			
<b>The person I provide care to is (Please tick):</b>			
Adult child (over 16)	<input type="checkbox"/>	Other relative	<input type="checkbox"/>
Child (under 18)	<input type="checkbox"/>	Parent	<input type="checkbox"/>
Friend	<input type="checkbox"/>	Partner	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>	Sibling	<input type="checkbox"/>
Neighbour	<input type="checkbox"/>	Spouse	<input type="checkbox"/>
Other	<input type="checkbox"/>		
<b>Date of Birth of person I provide care to:</b>	../../....		
<b>What condition is the person you provide care for affected by? (Please tick):</b>			
Autism spectrum disorder	<input type="checkbox"/>	Mental health illness	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	Other condition	<input type="checkbox"/>
Dementia	<input type="checkbox"/>	Physical disability	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	Substance misuse	<input type="checkbox"/>
Life limiting condition	<input type="checkbox"/>		
Please provide details of the condition:			
<b>What is the nature of care you provide? (please tick all boxes that apply)</b>			

Personal care (help to go to the toilet)	<input type="checkbox"/>	Help with liaising with professionals (completing forms, accompanying to appointments)	<input type="checkbox"/>
Personal care (help washing, bathing, showering)	<input type="checkbox"/>	Help with managing finances	<input type="checkbox"/>
Personal care (help getting dressed)	<input type="checkbox"/>	Household tasks (cooking, cleaning, washing clothes, food shopping)	<input type="checkbox"/>
Emotional support	<input type="checkbox"/>	Help with communication	<input type="checkbox"/>
Assistance with medication	<input type="checkbox"/>	Help with managing challenging behaviour	<input type="checkbox"/>

#### Person 4:

##### The person I provide care to is (Please tick):

Adult child (over 16)	<input type="checkbox"/>	Other relative	<input type="checkbox"/>
Child (under 18)	<input type="checkbox"/>	Parent	<input type="checkbox"/>
Friend	<input type="checkbox"/>	Partner	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>	Sibling	<input type="checkbox"/>
Neighbour	<input type="checkbox"/>	Spouse	<input type="checkbox"/>
Other	<input type="checkbox"/>		
<b>Date of Birth of person I provide care to:</b>	.././.....		

##### What condition is the person you provide care for affected by? (Please tick):

Autism spectrum disorder	<input type="checkbox"/>	Mental health illness	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	Other condition	<input type="checkbox"/>
Dementia	<input type="checkbox"/>	Physical disability	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	Substance misuse	<input type="checkbox"/>
Life limiting condition	<input type="checkbox"/>		

Please provide details of the condition:			
<b>What is the nature of care you provide? (please tick all boxes that apply)</b>			
Personal care (help to go to the toilet)	<input type="checkbox"/>	Help with liaising with professionals (completing forms, accompanying to appointments)	<input type="checkbox"/>
Personal care (help washing, bathing, showering)	<input type="checkbox"/>	Help with managing finances	<input type="checkbox"/>
Personal care (help getting dressed)	<input type="checkbox"/>	Household tasks (cooking, cleaning, washing clothes, food shopping)	<input type="checkbox"/>
Emotional support	<input type="checkbox"/>	Help with communication	<input type="checkbox"/>
Assistance with medication	<input type="checkbox"/>	Help with managing challenging behaviour	<input type="checkbox"/>

**Section 3: Information about the request (please complete only ONE section detailing your request for: A break OR household item OR course/skills OR transport OR digital equipment)**

**Breaks:**

**What type of break are you applying for?**

Break in the UK	<input type="checkbox"/>	Health and wellbeing breaks	<input type="checkbox"/>
Break outside the UK	<input type="checkbox"/>	Counselling	<input type="checkbox"/>
Gym membership	<input type="checkbox"/>	Other	<input type="checkbox"/>

**If you have selected 'Other' from the list above please provide a short description of what is being requested**

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**Please give details of the break (where you would like to go, who with, and when).**

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**If the request is for an activity that will take place away from the person you care for, who will provide this care while you are away?**

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**Household items:****What type of item are you applying for (please tick)?**

Bed (carer)	<input type="checkbox"/>	Furniture	<input type="checkbox"/>
Bed (person in receipt of care)	<input type="checkbox"/>	Home repairs	<input type="checkbox"/>
Carpet/ Flooring	<input type="checkbox"/>	Microwave	<input type="checkbox"/>
Cooker	<input type="checkbox"/>	Tumble dryer	<input type="checkbox"/>
Removal costs	<input type="checkbox"/>	Television	<input type="checkbox"/>
Items for the garden	<input type="checkbox"/>	Vacuum cleaner	<input type="checkbox"/>
Dishwasher	<input type="checkbox"/>	Washer dryer	<input type="checkbox"/>
Freezer	<input type="checkbox"/>	Washing machine	<input type="checkbox"/>
Fridge	<input type="checkbox"/>	Other	<input type="checkbox"/>
Fridge Freezer	<input type="checkbox"/>		

**If you have selected 'Other' from the list above please provide a short description of what is being requested**

**Please give us some more details on why this item is needed, in particular we would like to know whether you already own this item and if so, why you need this new item (e.g. the item you currently have is broken).**

**Courses and skills (please note we cannot support with the cost of driving lessons or tests):****What will the grant be used for (please tick)?**

Course	<input type="checkbox"/>	Skills and development	<input type="checkbox"/>
Equipment	<input type="checkbox"/>	Other	<input type="checkbox"/>
Qualification	<input type="checkbox"/>		

**If you have selected 'Other' from the list above please provide a short description of what is being requested**

**Please give us more details about the request. If the request is for a course or qualification please tell us the name of the course and where it will be taking place (e.g. name of college, online course, etc).**

**If the request is for an activity that will take place away from the person you care for,**



who will provide this care while you are away?

**Transport (please note we cannot support with the cost of driving lessons or tests):**

**What type of transport request will the grant be used for (please tick)?**

Transport for education	<input type="checkbox"/>	Transport for hospital	<input type="checkbox"/>
Transport for leisure	<input type="checkbox"/>	Other	<input type="checkbox"/>

**If you have selected 'Other' from the list above please provide a short description of what is being requested**

**Please give us more details about the request (e.g. what type of transport is needed)**

**If the request is for an activity that will take place away from the person you care for, who will provide this care while you are away?**

**Digital equipment:**

**What type of item are you applying for (please tick)?**

Laptop/ Chromebook	<input type="checkbox"/>	iPad/ tablet	<input type="checkbox"/>
Mobile/ Smart Phone	<input type="checkbox"/>	Desktop Computer	<input type="checkbox"/>
Software	<input type="checkbox"/>	Other	<input type="checkbox"/>

**If you have selected 'Other' from the list above please provide a short description of what is being requested**

**Please use this space to give further details on why this item is needed and if the request is for a particular piece of equipment or software.**

**ALL TO COMPLETE**

**What difference will this: break, household item, course/ skill, transport, or digital request make to your life and how will it help you in your caring role? (this may be practical help, help for you emotionally or a benefit for the person you care for)**

**Section 4: Cost of the request. Please note: The Network Partner will need to have seen a quote for the cost of the request e.g. a written quote from the supplier, a web page etc.**

Total cost of the request	£	Total amount requested from Carers Funds (maximum £300)	£
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**If the total cost and total amount requested do not match, please state how the difference will be covered**

**Section 5: Household financial information statement**

Total household weekly or monthly income	£	Total household weekly or monthly outgoings	£
Weekly (please tick)	<input type="checkbox"/>	Weekly (please tick)	<input type="checkbox"/>
Monthly (please tick)	<input type="checkbox"/>	Monthly (please tick)	<input type="checkbox"/>

Total amount of accessible savings:	£
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**If you have any excess household income or accessible savings, please use this space to explain what they are used for and why they cannot be used to pay for the item requested.**

**Benefits**

**Are you in receipt of any of the following benefits? (please tick all that apply)**

Income Support	<input type="checkbox"/>	Pension Credit	<input type="checkbox"/>
Attendance Allowance	<input type="checkbox"/>	Employment Support Allowance	<input type="checkbox"/>
Universal Credit	<input type="checkbox"/>	Carers Allowance	<input type="checkbox"/>

**Are you or the person you care for in receipt of the following benefits?**

Disability Living Allowance (DLA)	<input type="checkbox"/>	Personal Independence Payment (PIP)	<input type="checkbox"/>
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**Mobility**

Please tick this box if you or the person you care for are in receipt of the mobility component of DLA/PIP

**Section 6: Carers declaration and consent (please keep a copy of this page for your own records)**

**Carer declaration:**

**In agreeing for details in this form to be submitted, you are confirming that:**

1. All information provided is true and accurate;
2. All referenced adults consent to the collection, processing, sharing and secure storage of this information by the Carers Trust Network Partner and Carers Trust and;
3. All adults consent to providing full information on how the grant has been spent if requested by the Carers Trust Network Partner and/or Carers Trust.

**Carer's signature:**

**Date:**

**Referenced Adult signatures:**

Referenced adult 1 name for consent:

**Date:**

Referenced adult 2 name for consent:

**Date:**

Referenced adult 3 name for consent:

**Date:**

If any of the adults referenced in the application do not have capacity to provide this consent, please indicate this by completing the information (as applicable) below:

Please tick

I am the main carer for the referenced adult(s) and/or

I am the next of kin for the referenced adult(s)

I agree to the terms set out above for the referenced adult(s)

**Case studies and contact consent**

Hearing about the experience of others can encourage more carers to obtain support, raise awareness of carers issues and enables Carers Trust to raise funds for its work.

Please tick the box below if you consent to Carers Trust contacting your Support Worker to discuss you sharing your story. This could be in the media or via the website or social media of Carers Trust or one of our funding partners.

Please tick this box to provide consent for details from this application to be used by Carers Trust within an **anonymous** story about your caring situation. This may be used in the following ways:

- In reports to those who fund our work to demonstrate the impact of their donation.
- In our fundraising magazine or other publications.
- On our websites and social media.
- In a press release or story which may get local or national coverage.
- At an event as part of a presentation.

We will securely store the anonymous story for four years after which it will be deleted.

**[Carers Trust Privacy Policy](#)**

We promise to keep your personal details safe. You can change how we contact you at any time by contacting us at [dpo@carers.org](mailto:dpo@carers.org) or 0300 772 9600. To see how we protect and use your personal data read our Privacy Policy at [Carers.org/privacy-policy](http://Carers.org/privacy-policy).

**Section 7: Supporting statement – to be completed by the Network Partner staff member**

Please refer to the guidance notes for further information on what is required.

**How long have you been in contact with the carer and what has been the nature of this contact?**

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**What is the impact of the caring situation on the carer?**

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**How do you think the requested item or activity will benefit the carer?**

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**Are there any other factors you would like the assessors to take into account? E.g. additional caring roles, significant financial difficulties etc. Please also use this section to expand further on any details of the caring role you were not able to cover in Section 2.**

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