

COVID-19 Carer Choices Fund Application form

Please return to hello@caringtogether.org

This fund is made possible thanks to funding from grants and charitable donations

It means Caring Together can support carers by providing bursaries to reduce the impact that the COVID-19 crisis has had on their health, wellbeing and education/employment.

Grants are only available whilst funding is still available.

Name	
Date of birth	
Address and postcode	
Phone number	
Email	@

Please can you tell us a bit about the carer's situation – what effect has the COVID-19 pandemic had on their health/wellbeing/education/employment?	
What are you planning to buy?	
How will this purchase help the carer meet one of the following outcomes: <ul style="list-style-type: none"> - Carer is able to access/stay in education/employment/training - Carer is supported to have a life after caring - Carers' health and wellbeing has improved - Carer is more able to cope - Carer is less lonely/isolated - Carer is able to have time away from caring 	
What is the cost of what you are seeking to purchase	
Amount you are requesting (max £300)	£
If not awarded the full amount, how would you cover the rest of the cost?	
Name, role and contact details of professional supporting this application who the carer would be happy for us to speak to if more information needed (e.g. GP, teacher, social worker, young carers project worker)	
Is there anything else you would like to add to support this application?	

<p>If successful, do you consent to Caring Together using the above information to produce a case study to promote this fund and raise awareness of carers? You can choose for the case study to include the carers' name and photos or they can remain anonymous.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Named with photos <input type="checkbox"/> Anonymous <input type="checkbox"/></p>
<p>If the carer lives in Cambridgeshire or Peterborough, would they like their email address to be added to the Caring Together mailing list to receive the latest information about support opportunities available?</p>	

<p>Bank details (these will only be used if awarded a grant for the purpose of administering the payment)</p>	
<p>Name of bank/building society</p>	
<p>Account holder's name as stated on the account</p>	
<p>Account number</p>	
<p>Sort code</p>	

<p>Optional demographic information (These questions help us to ensure we are reaching carers from a wide range of backgrounds. Consideration of application is not dependent on the below information being provided. You can put 'prefer not to say' if you do not want to give these details).</p>	
<p>Gender</p>	
<p>Ethnicity</p>	
<p>Do you consider yourself to have a disability?</p>	
<p>Sexual orientation</p>	

Terms and conditions

- Failure to produce receipts within four weeks of the date money is paid will mean repaying all monies to Caring Together.
- Failure to use the money within four weeks of the date money is paid will mean repaying all monies to Caring Together.
- Any unspent money will need to be returned within four weeks of the item(s) being purchased unless Caring Together agrees for the remainder to be spent on an additional purchase which will also meet the aims of this grant.

I consent to the above data being stored by Caring Together for the purposes of administering this grant and accept the above terms and conditions.

<p>Signature of carer/parent (electronic is acceptable)</p>	
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Please return the completed application form to hello@caringtogether.org