



Carers Grant Application Form (Please read the criteria before applying)

Carers in Bedfordshire administer Carers Grants on behalf of NHS Bedfordshire Clinical Commissioning Group to enable unpaid carers, who provide substantial care, to access a break, activity, service or training, to improve their health or wellbeing. **Please read the criteria carefully before applying.** This for is for carers aged 4+.

About you

<p>Name of carer:</p> <p>Postcode: <i>*To register with us please call us on 0300 111 1919</i></p> <p>Telephone:</p> <p>Email: <i>*The panel decision will be sent to you via the email provided.</i></p> <p>GP surgery of carer:</p>	<p>How did you hear about the Carers Grant?</p> <p><i>If you are filling this application in on behalf of someone else, please provide your details</i></p> <p>Referrer Name:</p> <p>Phone:</p> <p>Email:</p> <p>Relation to carer:</p>
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Please tell us how your health and wellbeing is affected by your caring role.

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Please tell us about any health conditions that you have, and if you are prescribed any medication, or are receiving any support for these.

Health condition

Medication/support

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About the person(s) you care for

Name of the person(s) you care for:	Their relationship to you:
Does s/he/they live with you?	Yes/ No

About your family

Who in your family is the main carer?	Does anyone else help to care for this person? Yes/ No
	 If yes, please name them below:

About the grant that you would like to apply for

(If you would like your application to be considered for fast track, you can apply for a maximum of £120. Otherwise please attach a quote to this application form)

I would like the grant for: <i>(Please give details about the product or service you would like the grant for, along with costs)</i>
The amount I would like to apply for is:
If the panel cannot award the full amount would a part award be useful?
This will improve my health and wellbeing by...

About the care that you provide (please tick)

Please think about **Substantial Care (10 hours a week or more)**. This is care given to a person who, due to an illness or disability, cannot carry out the majority of personal and/or daily living skills without help and has only partial choice and control over their immediate environment.

Type of care		Yes (Please Tick)	If yes, please provide more information (E.g. How often)
Dealing with unpredictable /resistant behaviours			
Personal care (such as toileting, bath & showering)			
Give medication/medical care/managing & ordering medical supplies			
Do you handle and maintain equipment (e.g. Wheelchair or oxygen tanks)			
Help with daily activities (Such as cleaning, shopping, cooking & laundry)			
Moving and handling the person you care for			
Deal with finances of the person you care for			
Listen to someone's worries and concerns			
Push the person you care for in a wheelchair			
Take the person you care for to -medical appointments			
Help with getting dressed			

About the care that you provide (continued)

Is there anything else that you do to help the person you care for?

Approximately, how many hours a week do you spend caring for this person? *(please tick)*

Under 10 hrs a week 10-24 hrs a week 25-39 hrs a week 40+ hrs a week

Do you have to provide care during the night? Yes/ No

If yes, what care do you provide?

Can the person you care for be left unattended? Yes/ No

If yes, approximately how long for?

Less than 2 hours More than 2 hours

If no, please state why?

(for example, too young, risk of falls, unaware of danger, wanders)

Professional endorsement

This page should be completed by a professional who knows that you are a carer. This must not be a friend or family member, or someone who will benefit directly from your Carers Grant award. This could include a GP, Nurse, Social Worker, Support Worker, Teacher, Teaching Assistant or Family Support Worker. If you choose to use the GP, we would hope that this signature would be free of charge, but it is down to each GP to make this decision. Please do not feel obliged to pay for this signature.

Name of professional endorsing this application:

Professional role:

Team/ Surgery:

Telephone number:

Email address:

I confirm that :

- The person requesting a grant is an unpaid carer (excluding benefits) providing substantial care for a relative or friend.
- That the information included in this application is correct to the best of my knowledge.
- The carer has a health problem, or their health and wellbeing is affected by their caring role. **(Please circle)**

Disagree

Agree

Strongly agree

Very strongly agree

- I agree that the service chosen will benefit this carer's health and wellbeing. **(Please circle)**

Disagree

Agree

Strongly agree

Very strongly agree

Any other comments you would like to make?

Signature

Date.....

Carers Grants Terms and Conditions/Data Protection/Disclaimer

In order for *Carers in Bedfordshire* to process your application, please read the information below and sign and date this page to show that you understand and are in agreement with the following statements.

- I understand that I must be registered with *Carers in Bedfordshire* to access the Carers Grants scheme and that I will be added to *Carers in Bedfordshire's* secure database and allocated to a support worker.
- I understand that under the Data Protection Act (1998) *Carers in Bedfordshire* has a legal responsibility to keep my personal information secure and confidential.
- I understand that I should tell the person I care for that I am sharing some of their personal information with *Carers in Bedfordshire*, unless there is a good reason not to.
- As *Carers in Bedfordshire* administer the Carers Grants scheme on behalf of Bedfordshire Clinical Commissioning Group, I understand that *Carers in Bedfordshire* have an obligation to provide statistics and feedback to BCCG and that I will be included in these statistics.
- I understand that the Carers Grants scheme is discretionary and that the panel's decision on whether an award is granted is final.
- I agree to use the grant specifically for the purpose that I agree with *Carers in Bedfordshire*, which will be detailed in the award letter that I will receive if my application is successful. I understand that I cannot change my grant request once it has been awarded.
- I have read and understood the Carers Grants criteria.
- I am responsible for any choices I make and should any services that I choose fall short of my expectations, *Carers in Bedfordshire* cannot be held responsible.
- I will complete the 'Quality of Life' questionnaire when submitting my grant application form and after I have accessed my Carers Grant award.

Signature of carer*
(Signature of Parent/ Guardian for young carers)

Date.....

* This **MUST** be hand signed by the carer who is applying for a Carers Grant, or their parent/guardian if the carer is under the age of 18 years.

Quality of Life questionnaire for carers applying for an NHS Carers Grant.

Please complete this questionnaire. This is to help us evaluate the health impact of this fund. Your answers will be treated as confidential.

Please answer all the questions, circling one number only for each question.

1. How would you rate your health and wellbeing in general?

(1 = Not very good, 5 = Fairly good 10 = Very good)

1	2	3	4	5	6	7	8	9	10
									

2. How well are you able to manage your own health as well as that of the person you care for?

(1= Not well at all, 5= Managing OK, 10= Managing very well)

1	2	3	4	5	6	7	8	9	10
									

3. In general, how would you rate your levels of stress?

(1= high levels of stress, 5 = fairly stressed, 10 = No stress)

1	2	3	4	5	6	7	8	9	10
									

4. Are there any other comments you would like to make regarding how your caring role affects you?

Please post or email completed forms to The Grants Team, Carers in Bedfordshire, Suite K Sandland Court, Pilgrim Centre, Brickhill Drive, Bedford, MK41 7PZ

Grants@carersinbeds.org.uk

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