

# Grant Application

## Bereavement Grant

We offer grants for carers who have experienced a bereavement of the person they cared for and their caring role has come to an end, within the last 12 months.

*In order to apply for an NHS Grant you must be registered with us. There is no limit to how much you can apply for, however, if you are the only carer registered with us you can apply for an Individual Bereavement Grant, which the panel are unlikely to award more than £275. If there is more than one person registered with us who is also bereaved, you can apply for a Household Bereavement Grant, the panel are unlikely to award more than £375.*

*Please include a quote.*

Full Name:

Postcode:

How has this bereavement affected your health and wellbeing?

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How much are you applying for? 

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What would you like a grant for? 

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How would this grant help to improve your health and wellbeing?

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# Professional Endorsement

Your application needs to be endorsed by a professional who knows about your previous role as a carer and understands the impact the grant could have on your future health and wellbeing.

Name of professional endorsing this application: .....

Professional role: .....

Team/ Surgery: .....

Telephone number: .....

Email address: .....

I confirm that :

- The person requesting a grant was 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 person's health and wellbeing is affected by their bereavement. (Please circle)

Disagree

Agree

Strongly agree

Very strongly agree

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

Disagree

Agree

Strongly agree

Very strongly agree

Any other comments you would like to make?

Signature

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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.
- 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.
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Signature of applicant\* .....

(Signature of Parent/ Guardian for applicants under 18)

Date.....