

My Time



Carers Breaks & Support APPLICATION FORM

I confirm that I have read the My Time leaflet and eligibility criteria before completing this form and accept the conditions of the scheme. I will provide receipts and a report back form about the use of the money granted to me.

If you **do not** agree with Carers Wakefield & District sending you their free news-sheet and details of other support for carers please tick this box.

Is this your first My Time application Yes No

If not when did you last apply? (approximately)

CARER DETAILS

Surname:

Christian name(s):

Date of Birth:

Address:

Postcode:

Telephone Number:

(If you have an answer machine is it alright to leave a message?)

Yes No

E-mail:

GP Surgery:

Are you in employment? Yes No

Are you disabled? Yes No

THE PERSON THAT YOU CARE FOR

Surname:

Christian Name(s):

Date of Birth:

Address:

Postcode:

Details of their illness or disability:

YOUR CARING RESPONSIBILITIES

How long have you been a carer?

If you are a former carer, when did your caring role end?

What is your relationship to the person that you care(d) for?

How much time do you spend in your caring role each week? (in hours)

Please tick the boxes below which best describe the help that you provide as a carer.

Caring Role	
Shopping, housework & paying bills	
Provide company during the day	
Provide supervision during the day	
Taking the person you care for out of the house	
Emotional support, motivation and encouragement	
Repeated verbal prompts & reminders	
Lifting and handling	
Help with medication	
Dressing	
Washing and bathing	
Toileting	
Night supervision and help	
Other duties (please specify)	

How does caring affect your lifestyle and your health?

We know that all carers need a break. Answering the following questions will not mean that you will not be awarded a grant.

Do you receive any regular support from friends or family? Please provide details:

Do you receive any break from caring from sitting, day care, respite or other services? Please provide details:

APPLICATION DETAILS

**How much support are you applying for? (Maximum £100)
(Please note: cheques must be made payable to the applicant. Please ring us (01924 305544) for advice in exceptional circumstances.)**

If this application is for a young carer, without a bank account, who should the cheque be made payable to?

If successful, what sort of break do you have in mind?

If applying for help with holiday costs will the person that you care for be going with you?

Yes No

If not what alternative care arrangements will be made whilst you are away?

If applying for help with holiday costs when did you last take a holiday?

If your application is unsuccessful this month due to missing the deadline or excessive demand, do you want it to carry over to the next month?

Yes No

A detailed quote **MUST** be attached. All applications submitted without this information **WILL** be returned marked as unsuccessful.

If successful the grant monies **MUST** be spent on what has been applied for on page 3 of this form, unless otherwise authorised by us.

Please use the space below if you wish to provide additional information.

VERIFICATION

A professional with regular involvement with the carer (eg. Social Worker, GP, Health Visitor, Nurse, CPN, Care Worker, Day Centre Worker or Voluntary Sector worker) should complete this section. (If completed by a GP, the form must also be officially rubber-stamped.)

All verifiers will be contacted before an application is approved.

Name:

Job Title:

Address:

Work Telephone No:

I can confirm that this carer is providing care as described in this form.

Signature.....

Date.....

If the application form has been completed on a carer's behalf please provide details of the person filling in the form.

Name:

Address:

Telephone No:

Relationship to Carer:

APPLICANT (CARER) SIGNATURE

Signature..... Date.....

CONSENT (CARER)

I give my consent for Carers Wakefield & District to share this information with other agencies?

Yes No

*Please ensure that you have answered every question, supplied any necessary extra information (such as a quote), and signed the form. **Incomplete applications will be returned.***

*The attached equal opportunities form **MUST** also be returned.*

Please return your completed application in the enclosed envelope.