

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.

By applying for the My Time grant you agree that Carers Wakefield & District will retain your information in accordance with our Privacy Policy, as required under GDPR. Further details can be obtained on application to our office.

If you would like Carers Wakefield & District to send 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:

First 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:

First Name(s):

Date of Birth:

Address:

Postcode:

GP Surgery:

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)

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 will you use the funds for?

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.

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. Please note: your GP may charge for this service.)

All verifiers will be contacted before an application is approved. If you are having problems having your form verified then please contact us on 01924 305544.

Name:

Job Title:

Employers Name and Address:

Work Telephone No:

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

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

APPLICANT (CARER) SIGNATURE

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

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

Yes No

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:

Please complete the tick box table below to check that you have completed the form correctly and included the correct documentation. Any omissions will mean a delay in processing your application.

I have:	Tick if completed:
Completed all 3 pages in full	
Had the form verified by a professional	
Signed and dated the form myself where indicated	
Included a quote to show how I will use the money	
Completed and returned the Equal Opportunities form	
Returned all documents in the envelope provided	

Thank you for your application. We will be in touch should we need any further information.

Thank you.