

Application form for
'Individual Carers' Grants'
For Adult Carers of Adults

With funding from  Carers Grant

“A Carer is anyone who provides unpaid, regular and substantial care for another person, due to illness disability, age or frailty”

The Carers Grant is money from the Department of Health via Bracknell Forest Council, Social Services to enable unpaid informal Carers have a break from their caring role.

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The Carers Grant is money received from the Department of Health via Bracknell Forest Council, Social Services to provide a breaks service for unpaid informal Carers. To be eligible to receive a break, through the 'Individual Carers' Grants', the Carer must be providing regular and substantial care for another person.

A Carer may apply for a grant which will support them to receive a break from their caring role. The grant may be used to pay for: a complete break (accommodation/travel and insurance costs only), funds to support an organised leisure, social, education or learning activity or to support the Carer to receive a break by purchasing care hours from an agency/company/organisation that provides quality/qualified paid Carers.

Each application will be assessed on an individual basis and purely on merit. By this we mean that the application must show that the break will have a positive impact on the Carer and support the Carer to continue in their caring role.

If you wish to apply to purchase hours from an agency

Should you wish to use the grant for a break in the form of hours from a paid carer, we have contact details of agencies/companies/organisations that provide this service, from qualified staff.

We will only support applications for care hours if the service is provided by an organisation/company/agency registered with the 'Council for Social Care Inspection' (CSCI).

If you wish for a family member to take over the caring role, we will support this by paying expenses for your family member. We will not pay a grant in the form of 'wages'.

If you wish to apply to have a complete break

Should you require a complete break from your caring role but do not wish to, or cannot, leave the cared for with family or friends or in a nursing/residential/respite service, then you would need to ensure **one** of the following.

Either:

- Take your break where care is provided or there are special facilities whereby the Carer will be relieved of the **majority** of their caring role.
- We understand that intimate personal care may still have to be provided by the Carer, but all other caring duties should be passed to another person.

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Or:

- Arrange for a family member or friend to go along on the break who will take over your caring role. The Carer must be relieved of the **majority** of their caring role.
- We understand that intimate personal care may still have to be provided by the Carer, but all other caring duties should be passed to the Carers' supporter.
- If you opt to take your break this way then the Grant will pay for accommodation/transport insurance costs for the Carer, the Carer's supporter and the cared for.

We have information on a number of places where Carers can go to have a break together with their cared for. If you would like this information please contact the; Carers' Grant Co-ordinator on 01344 383511.

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ELIGIBILITY CRITERIA

- Each application will be considered individually on its own merits by an assessment panel. The 'Carers' Grants Panel' is chaired by carers UK and made up of representatives from local Carers' Groups and Bracknell Forest Voluntary Action (BFVA).
- The unpaid Carer making the application should be providing substantial and regular care, which will be verified by a reference from a professional working with the family i.e. GP, Nurse, Social Worker, Care Worker, Carers Support Group, Day Centre Worker, Family Worker or other relevant professional, who is not related to or socially associated with the Carer, or a member of the 'Carers' Grants Panel'.
- In the current year there will be funds available for only **ONE** grant per Carer.
- If the application is for a break which will incur costs over a longer period of time, rather than a one off amount (for example, more than one weekend break, transport or purchasing hours from a care agency), the Carer should apply for the total amount regardless of the implications of time. If the application is successful, the amount granted will be allocated for that purpose and will be accessible to the Carer when needed.
- If there are 2 Carers in one household, both Carers may apply for separate grants, as long as each Carer can prove they provide substantial care.
- All applications will be looked at purely on merit and the positive impact that the break will have on the individual Carer.
- 'The Carers Panel' convened by BFVA may make an award for all or part of the amount applied for.
- Receipts for reimbursement must be presented within 4 weeks of end of the break.
- The break must be applied for, taken and paid for in the same financial year (i.e. 1st April - 31st March).
- The panel meets on the third Thursday of the month.
- Applications need to be received by BFVA by the 7th of the month. (If the 7th falls on a weekend the application must be with BFVA by the following Monday.)
- In December the process will be brought forward. Applications should be received by the 1st December in order to be considered by the panel.
- Bookings and enquiries for breaks are the responsibility of the Carer. If you have access to the services of a Social Services Care Manager they may be able to assist or advise. If not, local support groups or BFVA can offer further advice, if needed.
- All applications for breaks should be made in good time.
- There is no guarantee that an application will be successful.
- The Carer should wait to arrange their break until they hear whether or not their application has been successful.
- Monies due will normally be paid direct to the service providing the break, or the Carer will be reimbursed should they purchase/pay for the service for which the application has been successful.

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- This application must be completed in full or there may be a delay with the decision.
- Grants can only be applied to support planned breaks except in exceptional circumstances.
- The Carers' Grant is additional to any statutory respite/break the Carer may be entitled to.
- This application is not subject to a means test.
- If a break is paid for and is cancelled for any reason, the applicant is responsible and therefore we suggest insurance is taken.
- If a Carers Grant is awarded, but the cared for has died before the grant is used, then the Carers Grant should be returned. When booking a break it is often possible to insure against such a possibility and it is advisable to check with your Insurance Provider.

There will be a requirement to provide some confidential satisfaction feedback on the breaks service used. This will be used solely by the panel for consideration of future use of services.

Each application must be made on the enclosed application form and returned to:

Carers Grant Co-ordinator, BFVA, Ground Floor, Amber House, Market St. Bracknell, RG12 1JB.

- If you need any help to complete this form, need this form in larger print or would like any other assistance or information relating to the Carers Grant please contact **01344 451656 (Carers UK) or 01344 383511 (BFVA).**

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Application form
Confidential

The information we ask for on this application form is required by the 'Carers Grant Panel' that assesses applications. We also use information to provide reports to the Department of Health and Bracknell Forest Borough Council.

Please print clearly and use black ink or type. You may use extra sheets, but please make a note of this here.

All personal information on this form must be completed in order for the form to be actioned.

Personal Information:

Name of Carer:.....Age:.....

Address of Carer.....

.....

Name of person cared for:.....Age:.....

Address of Cared for.....

.....

Relationship to Carer:.....

Address for communication:.....

.....Post code.....

Telephone no':.....

Best time to call: AM PM EVE

Mobile/Other:.....

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About your caring role:

What is the reason the person requires care? **Please give details of all physical and mental disabilities including any secondary conditions.**

.....
.....
.....
.....

What type of care are you providing?

.....
.....continues on next page

In a usual week how many hours of care do you provide?

.....

How long have you been caring for this person?

.....

Do you belong to any support groups? (If so please insert the name below)

.....
.....

Do you regularly receive any breaks? (If so who provides these breaks?)

.....
.....
.....

About the break you are applying for:

(Please tick one box only)

Complete break: Care hours

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Learning or educational activity Organised leisure, social, sports activity

Other (please specify).....

**Please complete page 8, 9 or 10 but
not all three pages.**

Thank you.

Please only complete the section that applies to you

Complete break

1. When are you planning on taking your break?.....
2. What is the amount you are applying for?.....

Continued on next page

3. Are you applying for transport costs/accommodation/insurance costs or all? Please give the names and addresses of the companies supplying the services.

.....
.....
.....

4. Who will support you to ensure you have a break?

.....
.....

5. To whom does payment need to be made, how and by when?

.....
.....

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Care hours

1. What is the name and address of the company/organisation/agency that is supplying the care?

.....
.....
.....

2. How many hours of care are you applying for?.....

3. What is the cost of those hours?.....

3. When will these care hours be taken?.....

.....

4. How does payment have to be made, to whom and by when?

.....
.....

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Other breaks:

1. What is the activity or break you will be taking part in?:.....

.....

2. When will you be taking part in this activity?

.....

3. Please give the name and address of the company/organisation organising the activity:

.....

.....

4. What are the costs you are applying for i.e. entrance fees/course fees/transport etc?

.....

.....

.....Total cost:.....

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5. How does payment have to be made, to whom and by when?

.....
.....

Other information

Please state how the break you have applied for will help you continue your caring role, and the positive impact it will have on you.

.....
.....
.....
.....
.....

Please give the name of a referee that you are happy for us to contact, and who can confirm that the information you have shared with us is correct. The referee must be a professional working with you. Please see eligibility criteria for a list of appropriate referees.

Name of referee:.....

Job role/title:.....

Address for correspondence:.....

.....post code:.....

Telephone number:.....email:.....

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Name & Address of your G.P (must be completed).....
.....
.....

How did you hear about the 'Individual Carers Grants'?.....
.....

By signing this form you are agreeing that the information you have included is correct to the best of your knowledge and that you are happy for us to seek information from your referee:

As part of the conditions of receiving the Carers Grant this information may be shared with other agencies.

Signature:..... Date:.....

Equal Opportunities Information

(Please tick those that apply to the Carer)

Age range: € 18-25 € 26-35 € 36-45 € 46-55 € 56-65
 € 66-75 € 75 +

Gender € Male € Female

Ethnicity

- White
 € British White
 € Irish € Other White background
- Mixed
 € White & Black Caribbean € White & Black African
 € White & Asian € Other mixed background
- Asian or Asian British
 € Indian € Pakistani

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- € Bangladeshi
- € Other Asian background
- Black or Black British
 - € Caribbean
 - € African
 - € Other Black background
- Chinese or other ethnic group
 - € Chinese
 - € Other (Please state)
- € Declined to answer
- € Not stated

Area of residence

- € Ascot
- € Binfield
- € Bullbrook
- € College Town
- € Crown Wood
- € Crowthorne
- € F Park/ M Heron
- € Hanworth
- € Harmans Water
- € Old Bracknell
- € Owlsmoor
- € Priestwood
- € Sandhurst
- € Warfield
- € Wildridings
- € Winkfield
- € Gt. Hollands

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PLEASE KEEP THIS FORM SAFE. IT IS AN IMPORTANT DOCUMENT. DO NOT DESTROY

FEEDBACK FORM FOR CARERS GRANT

PLEASE COMPLETE AND RETURN AS SOON AS POSSIBLE WITH RECEIPTS
OR WITHIN 2 WEEKS OF YOUR RETURN FROM A BREAK.

IT IS A CONDITION OF ACCESSING THE CARERS GRANT THAT YOU
COMPLETE THIS FORM AND MAY DELAY PAYMENT IF IT IS NOT RETURNED.

Name.....

Address.....

.....

.....

What did you use the Grant for?.....

.....

.....

How beneficial did you find your break?

.....

.....

.....

Please rate your break on a scale of 1 to 5 with 1 being unsatisfactory and 5 being very good or excellent.....

If unsatisfactory please tell us why?.....

.....

.....

If you used a Care Provider please tell us how satisfactory this was on a scale of 1 to 5 with 1 being unsatisfactory and 5 being very good or excellent.....

.....

.....

If unsatisfactory please tell us why?.....

.....

.....

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YOUR VIEWS

Bracknell Forest Voluntary Action (BFVA) is committed to providing a high quality service and we therefore welcome any suggestions and comments from you, which we will use to improve what we do.

We have a Complaints Policy, which is available from our offices.

In the first instance, please contact:

Martin Gilman
Director
Ground Floor, Amber House
Market Street
Bracknell
RG12 1JB

Telephone: 01344 304404.
Email: martin.gilman@bfva.org

BFVA will acknowledge any complaints within 7 working days. The outcome of an investigation will be reported back within 21 days.

You may also make any complaints/comments/suggestions to Bracknell Forest Borough Council

Bracknell Forest Borough Council
Social Services Dept
Time Square
Market Street
Bracknell
RG12 1JD

01344 424642