

Application Form

Please answer the questions as fully as you can to enable the panel to make its assessment. If you don't complete some boxes it may mean that the panel is unable to agree to provide a grant.

Carers can apply for up to £300 from the Creative Breaks Fund.

Guidance is available on our website: https://www.fifevoluntaryaction.org.uk/short_breaks_fund.asp

For help call 0800 389 6046 or email creativebreaks@fifevoluntaryaction.org.uk

We care about protecting your personal information, and we want you to know how we process it. We'll only use it for considering your application and, if successful, for making sure that you can properly access the fund.

For more information about what that looks like, please read our [\[Privacy Statement\]](#).

1. Carer's details	
Please provide the following information	
Title: (delete as appropriate)	Mr / Mrs / Ms / Miss
Your full name:	
Address:	
Postcode:	
Telephone number:	
E-mail address (if any):	
Date of birth:	
Ethnicity: (e.g. Scottish, British, Asian)	
Do you live in a rural or remote location? <i>(i.e. Settlements of less than 3,000 people and with a drive time of over 30 minutes to a settlement of 10,000 people)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you received support Creative Breaks funding in the past two years?	Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Payment Details	
Please provide the nominated Bank Account details so that we can make the award if you are successful. NB This should be the account to which you want the payment made.	
Name on account	
Account Number	
Sort Code	

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3. Information about the caring situation Notes: All applicants to the Creative Breaks Fund must be carers of adults or older people (over the age of 21) with care and support needs. The questions in this section are designed to give the panel members a picture of the needs of the cared-for person and the level of support provided by the carer. Please answer as fully as possible – see Guidance Notes for more information.	
3.1 Please tell us the date of birth of the person receiving care:	
3.2 Please tell us what the relationship is between you (the carer) and the person receiving care:	
3.3 Please name the health condition (if possible) e.g. Dementia, Autism	
3.4 Please tell us about the nature of the condition and issues that affect the person you care for?	
3.5 Please give brief details of the health and/or support needs of the person receiving care and tell us how these affect their day-to-day life:	
3.6 Has the person you care for been admitted to hospital during the past 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.7 How long have you been providing care?	
3.8 On average, how many hours a week do you spend caring or providing support?	
3.9 Have you, the carer, been admitted to hospital or needed sudden medical treatment in the past twelve months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.10 If you answered Yes to the question above, please tell us briefly what happened:	

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4. Help with the caring task

Notes: The questions in this section are designed to give the panel members information on any support you (the carer) currently receive. Please answer as fully as possible – see Guidance Notes for more information.

4.1 What support with day-to-day tasks do you get at the moment?

4.2 What **formal** breaks do you get, who helps you to get a break, and how often?
(e.g. private or home care agencies; charities like Crossroads; other respite services)

4.3 What **informal** breaks/support do you access, and how often?
(e.g. help from neighbours or family)

5. Reason for break

Note: Please tell us why **you** need a break. Mention any issues which have placed increased strain or pressure on you as the carer, or any issues which are causing concern about the caring situation. We are also interested in cared-for people having the opportunity to spend quality time with carers, so if you plan to do something with the person you care for please explain **why you feel** there is a need to do this.

The panel will consider the following when assessing your application:

- You, the carer's, mental wellbeing is under strain (stress, anxiety etc.)
- You, the carer, has no free time for social and/or leisure activities
- You, the carer, cannot spend quality time with the cared-for person and relationships are strained
- The caring situation is fragile and at risk of breaking down

Please explain if/why any of the above apply to your situation.

Why are you, the carer, in need of a break?

6. About the short break for the carer

Note: Please give us as much information as you can about the planned break and how you would like to use the funding you have applied for. Remember that Creative Breaks funds are not just for holidays or trips away from home – see the Guidance Notes for examples of the kind of things carers have used the funding for in the past.

The main priority is that carers can access the type of break which is most beneficial for them and we wish to be flexible. If you are not clear at this stage what break would be best, please contact us before going any further. ***We cannot process applications which do not show a clear plan for the break.***

Please enclose with the application, a quotation which shows the likely costs of your break e.g. a quote from a travel agent/internet service; price list for alternative therapies; note of fees for support service; quotes for equipment etc.

If you are unsure about how to cost your break, please contact us for help.

**** N.B. Applications for overseas travel will not be supported unless there are exceptional circumstances ****

6.1 What type of break are you looking for? Tell us what you would like to do, when, and who will take part – will your break be with the cared-for person or will you take part in solo activities or be accompanied by someone else?

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6.2 What is the estimated cost of the break?	£
6.3 Have you included a quotation showing the costs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.4 If no, please tell us how you have worked out the cost of the break:	
6.5 How much funding are you looking for?	£
6.6 If you are not applying for the full cost of the break, how will you make up the shortfall?	
6.7 If you do not receive the full sum you are asking for will you still be able to take the break	Yes <input type="checkbox"/> No <input type="checkbox"/>
We are defining a holiday as 5 nights or more spent away from home	
6.8 Are you applying for Creative Breaks funding to have a holiday?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.9 Have you had a holiday in the past 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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7. Break Outcomes

Note: These questions are about the difference the break will make. We have listed the three main areas we would like to focus on, but we have added an additional box so you can tell us about any other benefits you think a break might bring. Your break does not have to meet all of the outcomes; choose the outcome or outcomes which are most relevant to you.

7.1 Will the break improve **your** mental and/or physical wellbeing? (If yes, please explain)

7.2 Will the break improve **your** social and leisure opportunities? (If yes, please explain)

7.3 Will the break improve the opportunity for the cared-for person to spend quality time with **you**, the carer? (If yes, please explain)

7.4 How will the break support **you**, the carer in your role?

7.5 Please describe any other benefits you expect to gain from the break:

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8. Ensuring the break is a success

Note: We understand that carers' circumstances can change very quickly. These questions are designed to encourage you to be realistic and plan ahead to give the best possible opportunity for your break to be a success.

8.1 Have you discussed the proposed break with the cared-for person?

Yes No

8.2 If not, please explain why:

8.3 Will the cared-for person cooperate with proposed arrangements?

Yes No

8.4 What do **you**, the carer, need to do to ensure that the break is successful for you?

8.5 What has to be considered to ensure that the break is successful for the person receiving care?

8.6 Are there any possible problems that might get in the way? What steps can be taken to overcome them?

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9. Referee	
Please provide the name and contact details of someone in a professional role, who can confirm your caring role. (e.g. GP/ District Nurse/ Voluntary Sector Worker/ Other healthcare professional)	
Name	
E-mail address	
Address	
Postcode	
Telephone number	
How does the referee know you?	

10. Signatures

I confirm that all information provided on this form is accurate and true.

I understand that the panel may seek additional information in support of this application.

I am aware that I can only receive one funding award in a twelve month period.

I agree to complete the brief evaluation exercise (either a form or a telephone call) if I am successful, and to submit proof of purchase/receipts with regard to my break.

Carer's signature		Date	
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11. Application Process

Where did you find out about Creative Breaks Funding? (Carers Centre, Fife Voluntary Action Website, Newspaper, Leaflet etc.)	
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Completed application forms should be sent to:

By Post: Creative Breaks, Fife Voluntary Action, Caledonia House, Pentland Park, Saltire Centre, Glenrothes, KY6 2AQ.

By Email: creativebreaks@fifevoluntaryaction.org.uk

Applications can be submitted at any time, funds permitting.

The panel meets at least every 2 months and applicants will be informed of decisions no later than fourteen days after the relevant panel meeting.