**Time to Live Application Form**

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

**Carers can apply for up to £500 from the Time to Live Fund.**

Guidance is available on our website: [www.fva.org/carers](http://www.fva.org/carers)

For help call 0800 389 6046 or e-mail: timetolive@fva.org

*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*](https://www.fifevoluntaryaction.org.uk/downloads/Creative_Breaks_Privacy_Notice.pdf)*].*

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| **I am:** | **An adult carer** [ ] *(18 or over)* | **A young carer** [ ] *(under 18, or 18 and over and still attending school)* |

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| **Section 1 – Carer’s Details**Please provide the following information. |
| Title: |  |
| Your full name: |  |
| Address: |  |
| Postcode: |  |
| Telephone number: |  |
| E-mail address: |  |
| Date of birth: |  |
| Ethnicity: *(e.g. Scottish, British, Asian)* |  |

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| **Section 1 – Additional Details** |
| Name of your School **(if applicable):** |  |
| Have you been offered a Young Carers Statement? **(if applicable)** | Yes [ ]  No [ ]  |
| Have you been offered an Adult Carers Support Plan? | Yes [ ]  No [ ]  |
| Do you live in a rural or remote location? *(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)*  | Yes [ ]  No [ ]  |
| Have you received Time to Live funding in the past year? | Yes [ ]  No [ ]  |
| Have you received funding from Take a Break Scotland in the past 12 months or have a current application with Take a Break Scotland and awaiting a decision? | Yes [ ]  No [ ]  |
| If yes what was this Take a Break Scotland award for? |  |

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| **Section 2 – Payment Details**Please provide the nominated Bank Account details and account holder name (as written on your bank card) so that we can make the award if you are successful. **\*\*\* NB We will not process a payment if the information does not exactly match that of your bank \*\*\*** |
| Name on account: |  |
| Account Number: |  |
| Sort Code: |  |

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| **Section 3 – Information about the caring situation**Notes: All applicants to the Time to Live fund must be unpaid carers of children, adults or older people 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, the level of support provided by the carer and the impact this has on you as a 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: | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ (DD/MM/YYYY) |
| 3.2 What is your relationship to the person you care for: |  |
| 3.3 Please name the health condition(s) if possible, *(e.g. Dementia, Autism)* |  |
| 3.4 Please tell us about the nature of the condition and issues that affects the person you care for? How does this affect their day-to-day life? |  |
| * 1. How does the care you provide affect you? *(e.g. mental wellbeing is under strain, no free time for social and/or leisure, relationships are strained)*
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| 3.6 How long have you been providing care? |   |
| 3.7 On average, how many hours a week do you spend caring or providing support? |  |
| 3.8 How many carers are there in the household? *(excluding yourself)* |  |

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| **Section 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 from your caring situation. Who helps you to get a break, and how often? *(e.g. private or home care agencies; charities like Crossroads Fife; other respite services)* |  |
| 4.3 What informal breaks/support do you receive, and how often?*(e.g. help from neighbours or family)* |  |

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| **Section 5 – 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 Time to Live 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.*** **\*\* N.B. Applications for overseas travel will not be supported unless there are exceptional circumstances \*\*** |
| 5.1 Describe 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? |  |
| **Section 6 – Cost of 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. ***Your application will not be approved if any deposit or payment towards your proposed break has been made before you have been contacted regarding the outcome of your application.***If you are unsure about how to cost your break, please contact us for help. |
| 6.1 What is the estimated cost of the break? | £ |
| 6.2 How have you worked out the cost the break? Please provide a quotation or screenshot if possible: |  |
| 6.3 How much funding are you looking for? | £ |
| 6.4 If you are not applying for the full cost of the break, how will you make up the shortfall? |  |

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| **Section 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 What difference will the break make to your mental health and wellbeing *(stress, anxiety etc.)*? |  |
| 7.2 What difference will the break make on your free time for social and/or leisure activities? |  |
| 7.3 What difference will the break make to your relationship with the person you care for, and others? |  |
| 7.4 What difference will the break make to your schoolwork/homework and general education? **(if applicable)** |  |
| 7.5 How will the break support **you**, the carer in your role? |  |

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| **Section 8 – Ensuring the break is a success**Note: We understand that carers’ circumstances can change very quickly. This question is designed to encourage you to be realistic and plan ahead to give the best possible opportunity for your break to be a success. |
| What has to be considered to ensure that the break is successful for you and the person receiving care? Are there any problems that might get in the way? |  |

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| **Section 9 – Referee**Please provide the name and contact details of someone in a professional role, who can confirm your caring role. **(e.g. Social Worker/ District Nurse/ Voluntary Sector Worker/ Other healthcare professional)****\*\*It is important that you speak to your referee and confirm that they are happy to act as your referee as this can delay your application\*\*** |
| Name: |  |
| E-mail address: |  |
| Address: |  |
| Postcode: |  |
| Telephone number: |  |
| How does the referee know you? |  |
| Is the referee aware of your application to this fund? |  |

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| **Section 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 I will submit proof of purchase/receipts about my break. |
| Carer’s signature: |  | Date: |  |

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| **Section 11 – Application Process** |
| Where did you find out about Time to Live Funding? *(Carers Centre, FVA Website, Newspaper, Leaflet etc.)* |  |

**Completed applications forms should be sent to:**

**By post:** Time to Live, Fife Voluntary Action, Caledonia House, Pentland Park, Saltire Centre, Glenrothes, KY6 2AL.

**By e-mail:** timetolive@fva.org

**Applications can be submitted at any time. The panel will meet in accordance with the number of applications received and applicants will be informed of the outcome as soon as possible after the meeting. All applications are considered alongside the scheme rules and are subject to funds being available.**