  

# Time to Live Application Form 2024 - 2025

**General Information Ref No:**

A short break can be anything which gives you time out from your caring role and can be with or without the person you care for. Some people may choose to have a break at home, enrol on an evening class or take up a new hobby, spend more time in your garden or have a day out or an overnight away. (Refer to guidance for further details)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are you registered with Angus Carers Centre? | | | | | | | | | | | | |
| Yes |  | No | |  | Previously Registered? | | |  | Would you like to Register? | | |  |
| Have you had a break in the last 12 months? | | | | | | Yes | | | |  | No |  |
| If Yes please state details of short break | | |  | | | | When was the break taken? | | | |  | |

**(Please note you do not need to be registered with Angus Carers Centre to apply for this fund).**

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| **Your Details** | | | | | | |
| Carer Name: |  | | | | | |
| Address: |  | | | | | |
|  |  | | | | | |
| Postcode: |  | | Telephone Number: | |  | |
| Carer Ethnicity: |  | Gender: | |  | Date of Birth: |  |

**(If under 18 years old, please include name and contact details of parent/guardian below unless you are over 16 and living independently):**

|  |  |
| --- | --- |
| Name of parent/guardian: |  |
| Contact Details: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Referred By/Professionals Details** | | | | |
| Name: |  | Relationship to you: | |  |
| Organisation: |  | | | |
| Contact Telephone Number: |  | Email: |  | |

If you have referred yourself, please provide the name and contact details of someone who knows you in a professional capacity such as a carer support worker, health professional, Guidance Teacher or GP. We will need to contact them to confirm your caring role.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Information about the person you care for** | | | | |
| Relationship: |  | | Date of Birth: |  |
| Ethnicity: |  | | Gender: |  |
| **Please provide brief details below regarding the nature of your caring role** | | | | |
|  | | | | |
| **About your caring role and how it impacts on you? (Refer to guidance)** | | | | |
| Health: (please describe) | |  | | |
| Socially: (please describe) | |  | | |
| Financially: (please describe) | |  | | |
| Other: | |  | | |

|  |  |
| --- | --- |
| **Information about your break** | |
|  | |
| Are you taking the person you care for on this break? |  |
| How long would you like your activity/break for? |  |
| Please provide the approximate cost of your break: |  |

***PLEASE NOTE THAT RECEIPTS MUST BE PROVIDED AND NO PAYMENTS WILL BE MADE***

***TO PRE-PAID OR PRE-BOOKED ACTIVITIES, FAILURE TO PROVIDE RECEIPTS MAY IMPACT ON YOUR ABILITY TO APPLY FROM THIS FUND IN THE FUTURE***

|  |  |
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| **Please tick all that apply – A break will ….** | |
| Reduce Stress |  |
| Give me the confidence to try something new |  |
| Improve my relationship with the person I care for |  |
| Reduce anxiety |  |
| Give me the opportunity to meet new people |  |
| Enable me to have fun |  |
| Improve my wellbeing |  |
| Help me continue in my caring role |  |

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| **Other Additional Information (i.e. – supporting evidence)** |
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**Terms & conditions:**

* All information is true and accurate at time of signing
* Angus Carers Centre reserves the right to ask for additional information
* All applications will be assessed by a panel and the decision is final
* Angus Carers Centre will arrange payment directly to the short break provider if appropriate
* Angus Carers Centre will also purchase items directly from retailers
* If necessary, payment will be paid to the carer who must then provide receipts
* **Failure to provide receipts may impact on the carers ability to apply for future funding**
* Time to Live will not fund items that have been pre-paid or pre booked
* The panel meet regularly, and carers will be notified of the outcome within two weeks
* Successful applicants will be expected to complete an evaluation form following the break/or receipt of their chosen items
* Carers are responsible for arranging replacement care for their cared for if necessary
* I am willing to be contacted to give feedback

I confirm the information provided is correct. If successful, I agree to the terms and conditions as set out.

If my plans change, I must contact Angus Carers Centre Short Breaks to discuss alternatives which may

Include returning the fund.

**Data Protection Statement:**

The information provided in this form will be stored on file by Angus Carers Centre. We will not share any personal information with a third party unless required to do so and will always seek to obtain consent first. We are registered under the Data Protection Act 1998.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete pages 1 to 3, ensuring that you have signed page 3 prior to returning.

The completed form should be returned to **enquiries@anguscarers.org.uk** or alternatively to; Angus Carers Centre, 8 Grant Road, Arbroath, DD11 1JN.

**Office Use Only:**

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| **DECISION** | | | | | | | | | | | | | | | | | | | | |
| **Date of Meeting:** |  | | | | | **Awarded:** | | | | | | | **Yes** | |  | | | | **No** |  |
| Decision Making Notes: | | | | | | | | | | | | | | | | | | | | |
| Payment to be made to: | |  | | | | | | | | Amount Awarded: | | | | | | | |  | | |
| How payment is to be made: | | |  | | Cheque | | |  | | | | BACS | | | | |  | | | |
| Approved By: | |  | | | | | | | | | | | | | | | | | | |
| Signature: | |  | | | | | | | | | | | | Date: | | | |  | | |
| **DATABASE (Registered Carers Only)** | | | | | | | | | | | | | | | | | | | | |
| Charity Log updated with outcome: | |  | | Benefit Gain Recorded | | | | |  | | Date: | | | | |  | | | | |
| **FINANCE SECTION** | | | | | | | | | | | | | | | | | | | | |
| **PAID** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| AUTHORISED:  OVER £100: YES/NO  2ND SIGNATURE:  DATE:  NOMINAL CODE:  DEPT/FUND:  SAGE:  RBS:  AMOUNT: | | | | | | | Direct to Carer: Cheque/BACS  Direct to Provider: Cheque/BACS  Date Payment Issued:  Date Receipt Received: | | | | | | | | | | | | | |
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