

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 stay. (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).

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)			
Who is benefiting from this break: (E.g. 2 Adults & 4 children)			

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 exact cost of your break and include any further information/links to the break in the other additional information box below:	

PLEASE NOTE THAT RECEIPTS MUST BE PROVIDED AND NO PAYMENTS WILL BE MADE TO PRE-PAID OR PRE-BOOKED ACTIVITIES, FAILURE TO PROVIDE RECEIPTS WILL IMPACT ON YOUR ABILITY TO APPLY FROM THIS FUND IN THE FUTURE

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	

Other Additional Information (i.e. – supporting evidence)

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 their 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
- The carer must acknowledge on the application form that they can cover the additional charges that the break may cost if it is more expensive than the maximum grant award of £350
- It is essential that the carer confirms on the application form who will be going on the break and that they are from the same family (TTL is to support carers and their immediate family)
- If necessary, payment will be paid to the carer who must then provide receipts
- **Failure to provide receipts will 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:

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:			Direct to Carer: Cheque/BACS			
OVER £100:	YES/NO		Direct to Provider: Cheque/BACS			
2 ND SIGNATURE:			Date Payment Issued: <input type="text"/>			
DATE:			Date Receipt Received: <input type="text"/>			
NOMINAL CODE:						
DEPT/FUND:						
SAGE:						
RBS:						
AMOUNT:						