

Application Form for Carers Support (Guildford)

*Please complete this application after reading the Guidance Notes*

Section 1. About you (the carer)

|  |  |
| --- | --- |
| **Full Name:** |  |
| **Gender:** | [ ]  Male [ ]  Female |
| **Address:** You **must** live in the area covered by Guildford Borough Council. | Postcode: |
| **Telephone number(s):**We may need to contact you to discuss the application | Daytime:   |  |
| Mobile: |  |
| **Email Address:** |  |
| **Are you registered with Action for Carers Surrey?**(Please tick) | [ ]  Yes [ ]  No  If no, please explain why not: |

Section 2. About the person cared for

|  |  |
| --- | --- |
| **Name of person cared for** |  |
| **Relationship to you (the carer)** |  |
| **Please outline the support needed by the person cared for** |  |

**Section 3. Grant amount and purpose**

**Amount Requested:** £\_\_\_\_\_\_\_\_\_\_\_ (**Please supply supporting documents for the amount)**

|  |  |
| --- | --- |
| **What would you like to do with your grant?**  |  |
| **Please explain how the grant will help the carer in their caring role.**  |  |
| **When do you need to pay for the items or service described above?** |  |
| **If you have requested more than £400, please give a breakdown of the costs and attach quotes or estimates.** |  |
| **What other funding avenues have you already tried for this &****What was the result?**If you have not tried any, please say why not |  |

Please use a separate sheet if there is anything else you would like to tell us.

**Do you have your own bank account?** Yes / No

If yes, please attach a copy of a recent bank statement, a paying in slip or a voided cheque so if your application is successful we can we can make payment direct to your bank.

**OR**

**Would you prefer us to pay your grant to the provider of the items or service?** Yes / No

**Provider name:** .............................................................................................................

**Contact details**: ……………………………………………………………………………….

**Section 4. Declaration**

1. I certify that the information contained in this application is correct.
2. If the information in this application changes in any way I will inform the Carers Support (Guildford) panel immediately.
3. I give permission for the Carers Support (Guildford) panel and Community Foundation for Surrey to record my details electronically.

**Section 5. Conditions of Grant**

* I understand that any grant is awarded on the basis of the information supplied in this application.
* If the project/activity changes in any way from my original application, the Carers Support (Guildford) panel will be notified immediately. I acknowledge that significant variations may result in the grant being altered or withdrawn.
* I agree that, after the grant has been spent, an End of Grant Form will be completed and returned to the Carers Support (Guildford) panel
* **I also understand that evidence of my expenditure relating to the grant (i.e. receipts etc) must be submitted to the Carers Support (Guildford) panel at the end of the grant period.**
* I understand that failure to comply with any of the above conditions will impact on future applications for funding and in serious cases may result in grant monies being requested to be repaid.

Signed: …………………………………………………Date: ………………….....................................

Signature of **Applicant** *(as detailed on front page)*

All applications must be supported by a referee (see section 5 over)

 **Section 5. Referee**

Your referee should be a professional person or a person of good standing in the community, who we can contact in relation to your grant application. Please do not give details of a relative, friend or partner.

Examples of the type of person that would be suitable are:

* Carer advisor
* Doctor
* Teacher
* Local government officer
* Social worker
* Support worker
* Representative of an organisation supporting people with disabilities / mental ill health

**Referee Contact Details**

All information will be kept in accordance with our data protection policies which may be seen on request.

Name:

Profession/Job title:

Organisation Name:

Address:

 Postcode:

Telephone No. Daytime: Mobile:

Email Address:

How long have you know the applicant? Years Months

Please describe the nature of your relationship with the applicant:

(Please tick):

[ ]  I know this individual and have read and support this request for funding. I confirm that the information provided is true; that the applicant meets the eligibility criteria for the Fund

[ ]  I confirm that the request outlined will enable this person to continue to provide support to the cared for person

[ ]  I am willing to be contacted to discuss this application and also comment on any grant awarded.

Signed: ………………………………………………Date: …………………………………….

**RETURN INFORMATION**

**Our preference is to receive applications by email. Once you and your referee have completed and signed the form, please scan it and send it to:**

**carersguildford@gmail.com**

If you or your referee are not able to scan or email then please return by post to the address below. This may result in us taking longer to consider your application.

Community Foundation for Surrey

Suite 3, First Floor

Cleary Court

169 Church Street East

Woking

GU21 6HJ