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| **Parent/Carer to complete Parts 1, 2, 3, 4, 5, 6 and 8. Supporting professional to complete Part 7.** | | |
| **Part 1 – About You**  *(Parent/Carer )* | | **Carer EHM No:**  *(For office use only)* |
| Name: | |  |
| Address:  Postcode: | |  |
| Telephone Number: | |  |
| Email: | |  |
| Age: | 🞎 Under 18 🞎 18-65 🞎 Over 65 🞎 Prefer not to say | |
| Ethnicity: | 🞎White British 🞎Other White🞎Black & Minority ethnic 🞎Prefer not to say | |
| Have you had a Carer’s Wellbeing Grant before? 🞎 Yes Date Paid\*: 🞎 No (*Note:****one*** *Carer’s Wellbeing Grant every 12 months from paid date*) ***\*Social Care Hub Administrator to check\**** | | |
| Do you have a disability or health condition? *(Please tell us about these)* | | |

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| **Part 2 – About the disabled child Child EHM No:**  *(For office use only)* |
| Child’s Name: |
| Child’s date of birth: Child’s age: |
| Child’s relationship to you: *(Please state)*  Are you the child’s primary carer 🞎 Yes🞎 No |
| Address: (*If different from your address above)*  Postcode: |
| Gender: 🞎 Female 🞎 Male 🞎 Prefer not to say |
| Ethnicity: 🞎White British 🞎Other White🞎Black & Minority ethnic 🞎Prefer not to say |
| Please tick any of the following that apply to the child/young person who you provide care or support for: 🞎 Life limiting illness. Details:  🞎 Long term condition. Details:  🞎 Physical impairment. Details:  🞎 Learning difficulty. Details:  🞎 Mental health problem. Details:  🞎 Sensory impairment. Details:  🞎 Autistic Spectrum Condition. Details: |
| How many hours a week (approximately) do you provide care or support for the child?  🞎 0-7 hours 🞎 8-10 hours 🞎 11-20 hours 🞎 21-50 hours 🞎 50+ hours |
| **Please give details of ALL additional services or support (if any) that your disabled child or family currently receive:**  **🞎 Universal Services 🞎 Inclusion Service 🞎 Direct Payment**  **🞎 Targeted Services 🞎 Overnight Short Breaks** 🞎 **Other**  *(e.g. WECIL Out and About; Khaas; NAS) (e.g. Bush; Bellbrook; short breaks foster carer) (please give details)* |

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| **Part 3 – About the care and/or support that you provide** |
| For each of the following please tick any of the boxes if you provide care or support in this area and explain what you provide which is over and above what would typically be expected for a non-disabled child or young person of a similar age: |
| 🞎 Mental health/emotional difficulties *(Please expand)*  🞎 Personal care *(Please expand - e.g. washing, dressing, toileting, incontinence)*  🞎 Additional support to access play activities *(Please expand)*  🞎 Learning difficulties/ability to make sense of daily activities *(Please expand)*  🞎 Additional support with meal times, nutrition, feeding *(Please expand)*  🞎 Help with specific exercise, therapies *(e.g. physiotherapy, speech therapy)*  🞎 Long term support with medicines, drug routines, medical procedures *(Please expand)*  🞎 Additional support to make and meet with friends *(Please expand)*  🞎 Difficult behaviour that challenges *(Please expand)*  🞎 Support with moving and handling *(Please expand)*  🞎 What support or supervision do you provide to this child or young person?  *(Please explain how this is different to a non-disabled child of a similar age and give additional information about your child/young person’s needs)* |

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| **Part 4 – Do you provide care for anyone else?** |
| 🞎 Yes Give details below 🞎 No If you do not provide care for anyone else please go to Part 5. |
| Please give details of who you provide care for:  **Name Age Relationship Do they live**  **to you with you?** |
| Please give details of the care you provide: |

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| **Part 5 – How caring affects you** |
| For each of the following please tick any of the boxes if your caring role means you are unable to achieve one or more of the following outcomes: |
| 🞎 Carrying out caring responsibilities for another person you care for *(Please describe)*  🞎 Maintaining a habitable home *(Please describe)*  🞎 Managing and maintaining your own nutrition *(Please describe)*  🞎 Developing and maintaining family or other personal relationships *(Please describe)*  🞎 Engaging in work, training, education or volunteering *(Please describe)*  🞎 Engaging in recreational activities *(Please describe)*  Additional comments: *(Please use this box if you wish to give further information on how caring affects you)* |

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| **Part 6 – What will you use a Carer Wellbeing Grant for?**  Please refer to list at end of application for what a Carer’s Wellbeing Grant can and cannot be used for. |
| Please **tick one** of the boxes below, the cost and details of how you will spend the funds.  **Note: the maximum grant is £300.**  🞎 Alternative Therapies. Cost: £ \_\_\_\_ Details:  🞎 Fitness. Cost: £ \_\_\_\_ Details:  🞎 Hobbies & Leisure interests. Cost: £ \_\_\_\_ Details:  🞎 Equipment. Cost: £ \_\_\_\_ Details:  🞎 Educational course/materials. Cost: £ \_\_\_\_ Details:  🞎 Overnight stay or excursion trip. Cost: £ \_\_\_\_ Details:  🞎 Ad-hoc sitting type service. Cost: £ \_\_\_\_ Details:  *The more details you can give about your request the better. E.g. Gym membership at XX Gym costing £XX per year. If the grant will be a contribution to the full cost please state this* |
| How would this support your caring role and have a positive impact on your health and wellbeing: |

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| **Part 7 – Professional confirmation**  Please give details of a professional who knows you and can confirm your caring role *(such as Social Worker, Social Care Practitioner, GP, Teacher)*  **Note: we will contact the professional named below to validate the application.** |
| Professionals name: |
| Job title: |
| Professional Address:  Postcode: |
| Telephone number: |
| Email: |
| In what capacity they know you?: |

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| **Part 8a – Terms and Conditions** |
| Bristol City Council promises to keep information confidential and will check the information in this form to verify your application.   * Applications will be processed upon receipt and grant award decisions will be made monthly. * If a grant is awarded, it can take up to 12 weeks to receive payment. **Please do not telephone the office to check on the progress of your application**, as this delays the process further. * As there is limited funding for this grant it may be necessary to delay consideration of the recommendation until more funding is available. * We will contact the professional you have named above in section 7 by completing this section you give us permission/consent to do this. * The Social Care Hub will write to the carer if the grant has been agreed, to ask the carer to read and accept the terms and conditions and to provide bank details. * You must obtain a receipt of your spend and email it to us (email below) as proof that the grant has been spent as intended. If you do not send us the receipt, you will not be able to make further applications for a Carer Wellbeing Grant. |
| **Part 8b – Declaration of Parent/Carer (applicant)** |
| I confirm that:   * I understand that completing this form does not guarantee that I will be assessed as eligible for a Carer’s Wellbeing Grant. * I understand that incorrect/incomplete forms will be returned to be amended and resubmitted. * I provide care to the disabled child or young person and that they have the needs which I have stated and I have answered all of the questions honestly. * I agree for Bristol City Council to keep a record regarding the information I am providing for the Carer Wellbeing Grant Assessment. * I understand that by completing this form I consent to Bristol City Council contacting the Professional named in section 7 to validate my application. * A Carer’s Wellbeing Grant is paid by a one-off Carer’s Direct Payment when I provide Bristol City Council with my bank details within three weeks or within timescales stated in order to receive the funds. * I understand that each Carer’s Wellbeing Application will be assessed on merit and funds available and it not an annual entitlement. |
| Print Name: Signature:  Date: |

Thank you for taking the time to complete this application form, Please return to:

**Email to:** [**Disabled.Children-Carers.Wellbeing.Grant@bristol.gov.uk**](mailto:Disabled.Children-Carers.Wellbeing.Grant@bristol.gov.uk)

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| **Part 9 - How a Carer’s Wellbeing Grant can help you** | |
| The aim of a Carer’s Wellbeing Grant is to ease your caring role and improve your health and wellbeing to enable you to continue to care for the disabled child or young person. | |
| **A Carer’s Wellbeing Grant might be used for:** | **A Carer’s Wellbeing Grant CANNOT be used for:** |
| **Alternative therapies**   * To support carer wellbeing by accessing therapy sessions such as relaxation courses and massage | General living expenses e.g. rent, food, drink, utility bills, internet access, clothing |
| **Fitness**   * To support carer health and wellbeing e.g. Gym membership | Debt repayments |
| **Hobbies and Leisure interests**   * To support the Carer’s hobbies/leisure activities such as classes or memberships | Purchase of household items e.g. furniture, large gardening equipment, home improvements  Business costs or purchases |
| **Educational course/materials**   * To support the Carer’s education | Any item for the cared-for person including aids and adaptions |
| **Equipment**   * To relieve pressure on carer and enhance their wellbeing such as white goods where the caring role places excessive demands on white goods e.g. washing machine | Taxi fares/travel costs to take the cared for to and from hospital appointments  Items that should be funded by Social Care or Health Services |
| **Entertainment**   * To support the Carer’s wellbeing such as theatre or sports tickets | Items that have already been purchased |
| **Overnight stay or excursion trip for the carer only**   * To give the carer a break from their caring role | Short breaks or holidays for the family |
| **Purchase of ad hoc sitting type services**  To give the carer a short break from their caring role | Replacement care such as respite breaks for the cared for in residential care |
|  | Car repairs and petrol |
|  | To provide personal care to the cared for person |
|  | Subsidising the Carer’s income |

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| **Part 10 – Outcome Decision**  For Office Use Only: To be completed by the Social Care Hub |
| Date application received: *(* Previous Carer’s Wellbeing Grant? 🞎 Yes Date: \_\_\_\_\_\_\_\_\_\_ 🞎 No Previously audited? 🞎 Yes Date: \_\_\_\_\_\_\_\_\_\_ 🞎 No  Is the Carer’s Wellbeing Grant agreed? 🞎 Yes 🞎 No  If No, please give further details:  *(Please give details)*  If Yes, please give what Carer’s Wellbeing Grant is agreed to be used for:  Amount of Carer’s Wellbeing Grant agreed:  **£\_\_\_\_\_\_\_\_\_\_**  **Amount Agreed**  Authoriser Name:  Designation:  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |