

The Respite Association provides support to unpaid full time carers, who have been caring for someone with either a medical or mental health diagnosis, for more than a year and who could not afford to get a respite break without our help.

**Details of you the Carer (not the person being cared for)**

Title First Name Last Name

Address

PostCode Tel Email

The Name of the Person you care for Your relationship to them

How long have you been caring for them Their age

**Please provide details of the diagnosis or diagnoses of the person you care for** (this section must be completed)

Please give practical examples of the type and level of care you are personally providing and why (This need not be detailed, we merely need to have a clear grasp of the challenges you face)

Please confirm that you are eligible for this funding by demonstrating that you do not have the means to fund this respite break yourself. You can do this by completing the boxes below to tell us all the benefits that you currently receive or, if you are not in receipt of benefits, by providing us with information to help us confirm that you need this funding from the Respite Association.

<p>YES Please list in the box below all the relevant benefits you receive. You do not need to send proof with this form.</p>	<p>NO</p>	<p>If you are not in receipt of benefits we may still be able to support you but please use the box below to outline your situation.</p>
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Please give a brief explanation of the kind of Respite Care you require (For example – Do you *just need help while you have a break?* or perhaps you want to *attend a family event* or *something else?*)

**\*The Following details must be completed, if left blank we will need to contact you for the information.**

\*How much time are you seeking funding for?

(For example – *2 hours per week for 6 weeks* or *3 overnights* or *5 days* (so that we know exactly what you need)

\*How much will the alternative Carer be charging?

\*If the care is to be provided by an organisation please give their details below. If the care is to be provided by an individual please give their name, registration number (and the organisation with which they are registered) or details of their certification (a copy of the certificate will be required)

Will the care provider be able to provide an invoice for the care provided Yes No

(\*\*Please note we only accept hand written invoices in exceptional circumstances & with prior approval)

Please confirm the total cost for the Respite Care you are seeking (if greater than the sum requested from The Respite Association) £

How much of this are you seeking our assistance with? (we will fund up to 100% of the cost but our maximum grant is £500)

£

Have you received funding, or a free carers holiday, from The Respite Association before?

Yes No

If yes was the support supplied longer than 18 months ago? Yes No

Where did you hear about us

If The Respite Association is able to assist, you will receive a formal offer letter or email requiring your written acceptance. You will need to get this letter countersigned by someone who can vouch for the suitability of your application, this can be a Doctor, District Nurse, Social Worker, Charity worker, church leader (eg: Minister, Rabbi, Imam) etc. If you have been referred to us via another Registered Charity, one of their Officers can countersign for you.

**DATA PROTECTION AND PRIVACY DECLARATION**

The Respite Association requires the information requested on this form for the sole purpose of enabling us to decide whether a grant for Respite Care can be provided for you. Without the information contained within the form we are unable to process any application. The information on the form will not be transferred in any way to a third party, unless we are required to do so by law, and will be stored securely.

By applying for a grant, and signing this form, you are giving The Respite Association permission for your information to be held and used as described above.

Full copies of both our Privacy Policy and our Data Protection Policy can be found on our Website and paper copies can be provided upon request to our office.

**Authority to retain information**

I have read and understood the Respite Associations declaration regarding the retention and use of my personal information contained within this form and hereby give them my permission to retain it in the ways and for the uses described.

Signed\*: ..... Print Name: Date

*\*If you are emailing the form you do not need to sign it.*

Once completed please email the form to [help@respiteassociation.org](mailto:help@respiteassociation.org) or post to:

The Respite Association, Highfield Barn, Lewdown, Okehampton, Devon EX20 4DS

If a grant is approved an acceptance form will be emailed to you, to be printed, signed and returned via the post. Please note the acceptance form will need to be countersigned by someone with an official email such as a GP, Nurse, Social Worker etc.

If you do not have the facility to print this form and would prefer to receive it by post please tick this box