

APPLICATION FOR RESPITE FUNDING

Highfield Barn, Lewdown, Okehampton, Devon EX20 4DS

01566 783383 · help@respiteassociation.org

Applying for a Carers' Break?
Do not use this form.
Go to our online application form at
<https://respiteassociation.org/breaks-for-carers/>

The Respite Association supports unpaid full-time carers who have cared for someone with a medical or mental-health diagnosis for more than a year and could not otherwise afford a respite break.

1 About you — the carer (not the person being cared for)

Title	First name	Last name
Address		
Postcode	Telephone	Email
Name of the person you care for		Your relationship to them
How long have you been caring for them?		Their age
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 personally provide, and why.

A concise answer is fine; we need a clear picture of the challenges you face.

2 Please confirm that you are eligible for this funding

Please show that you do not have the means to fund this respite break yourself. Tell us which benefits you receive or, if you do not receive benefits, explain your circumstances so we can assess your need.

☐ YES — list all relevant benefits below

☐ NO — outline your circumstances below

Please give a brief explanation of the respite care you require.

For example: cover while you take a break, attend a family event, or meet another specific need.

Next: give the exact amount of care, provider details and costs on page 2.

3 Funding request and care-provider details

All fields in this section must be completed; otherwise we will need to contact you.

How much time are you seeking funding for?

For example: 2 hours per week for 6 weeks, 3 overnight stays, or 5 days.

How much will the alternative carer charge?

£

Care provider details

For an organisation, give its name and contact details. For an individual, give their name, registration number and registering organisation, or certification details. A copy of the certificate will be required.

Can the care provider issue an invoice?

☐ Yes

☐ No

Handwritten invoices require exceptional prior approval.

Total cost of the respite care (if more than the amount requested)

£

How much assistance are you requesting? We can fund up to 100% of the cost, subject to a maximum grant of £550.

£

4 Previous support and referral

Have you received funding or a free carers' holiday from us before?

☐ Yes

☐ No

If yes, was that support more 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 have it countersigned by someone who can vouch for the suitability of your application. This may be a doctor, district nurse, social worker or charity worker. Only emails ending in .gov, .nhs, .ac or .org can be accepted. If another registered charity referred you, one of its officers may countersign.

If you cannot print this form and would prefer to receive it by post, tick here ☐

5 Data protection, privacy and authority

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. Without the information contained in the form, we are unable to process an application. The information will be stored securely and will not be transferred to a third party unless required for due diligence or by law.

By applying for a grant and signing this form, you give The Respite Association permission for your information to be held and used as described above. Full copies of our Privacy Policy and Data Protection Policy are available on our website; paper copies can be provided by our office on request.

Authority to retain information

I have read and understood the Respite Association's declaration regarding the retention and use of my personal information contained in this form, and I give permission for it to be retained in the ways and for the uses described.

Signed*

Print name

Date

*A signature is not required when the completed form is returned by email.

Return by email: help@respiteassociation.org | By post: Highfield Barn, Lewdown, Okehampton, Devon EX20 4DS