

Please read the information in this document carefully before completing the application form

What is the ‘Time for ME’ Fund?

It is funding which enables eligible unpaid parent carers to access a break from their caring role. A parent carer is defined as a parent who is caring for a child (aged under 18) with a disability, complex need, chronic health, a long term health condition or a substance misuser. The award of a ‘Time for ME’ grant should lead to at least one of the following outcomes for parent carers;

1. An improved feeling of wellbeing
2. A reduction in feelings of stress
3. A reduction in feeling isolated
4. An improved sense of calm and being in control
5. An improved relationship with family/friends
6. An improved feeling of managing the caring role

The ‘Time for ME’ fund is available until end of June 2018. There is limited money available so not all applications will be successful.

Gateshead Carers Association has been awarded the contract for administering this Carers Wellbeing Fund by Newcastle Gateshead CCG.

Who can apply to the Time for ME Fund?

You can apply for funding if you can answer yes to each of the following:

1. I am over 18 years.
2. I am the parent / kinship carer of a child (under 18 years) with a disability, complex need, chronic health, a long term health condition or a substance misuser.
3. I provide unpaid care and support to my child.
4. Both I and my child live in Gateshead.

I have a bank account or I can nominate another person who does have a bank account to receive the grant on my behalf. (Grant payments can only be made by cheque).

How much can I apply for?

The maximum grant award is £200 although some restrictions do apply (more details about what the grant can be used for is given below).

What sort of things can I apply for?

A grant from the Carers Wellbeing Fund can be used for something that clearly gives you a break, supports you in your caring role, and/or maintains or improves your own health and wellbeing. For example:

- A holiday or weekend break in the UK
- Therapies/relaxation or wellbeing sessions, including spa days
- College course fees, books or equipment
- Gym membership, exercise classes, swimming sessions etc.
- An adult education class or training course
- Day trips to places of interest or a general day trip.
- Social events e.g. to attend a concert, the theatre or the cinema
- Purchase of items for an activity or hobby e.g. a tent or a bicycle
- A laptop/tablet/mobile phone
- Essential goods for the carer ‘s wellbeing i.e. TV for bedroom
- Gardening or gardening equipment costs
- Beauty treatments e.g. manicures, pedicures, waxing, facials

What sort of things can I not apply for?

A ‘Time for ME’ grant cannot be used for any of the following:

- To pay for residential care in a care home
- To pay for respite or a sitting service
- To pay for the person you are caring for or any other person to accompany you on a break/holiday. *You can take a break with someone else but they must pay their own costs.*
- To pay for petrol/travel expenses that are not part of a holiday/break
- Flights/holidays/breaks outside the UK
- To pay for food or drinks, except where included in the cost of a break (e.g. bed and breakfast).
- To pay the cost of things that should be provided by the local authority or the NHS
- Cosmetic procedures e.g. tattoos, piercings, hair extensions
- To buy tobacco, alcohol or other drugs
- To pay off debts
- To gamble, including Bingo
- To do anything which is against the law
- To pay household bills such as rent, gas or electricity
- To pay for the ordinary costs of daily living such as food shopping, hairdressing or clothes
- To pay for anything you have already done, bought or paid for

What else do I need to know?

1. Only one application can be made in a 12 month period.
2. The grant must be used within 3 months from the date that it is sent to you.
3. All receipts must be returned within one month of the grant being spent.
4. The grant must be used for the item/items you applied for.
5. The Time for ME is only for unpaid parent carers (this includes Kinship Carers who care for a child with a disability). If you are a paid care worker or a Foster Carer you cannot apply.

How can I apply?

You can email Gateshead Carers Association on this email address enquiries@gatesheadcarers.com attaching the application form

Or call 0191 4900121 and your details will be taken and a Carer Wellbeing Facilitator will call you back to discuss your caring role.

What is the process?

Complete an application form and email or post it to Gateshead Carers, John Haswell House, 8-9 Gladstone Terrace, Gateshead NE8 4DY

or email to enquiries@gatesheadcarers.com with the subject Time for ME grant.

You will be contacted by a Carer Wellbeing Facilitator who will discuss your application.

Your application form will be submitted to the Decision Making Panel.

The panel will consider a maximum of 50 applications per fortnight on a first come first served basis.

The decision of the panel will be given to you by the Carer Wellbeing Facilitator you have worked with.

The decision of the panel is final.

What happens next?

If your application is approved, a cheque in your name or the name of the person you have nominated(if you do not have a bank account), will be posted to your home address.

You are required to spend the amount on what the grant has been awarded for, within a period of 3 months.

You are required to submit receipts / photocopies of receipts within one month of having made a purchase.

Use of the money for a purpose other than what it was granted will be treated as fraud.

If you do not give us receipts within the required time, you will be asked to repay the money back to the fund.

You are also required to complete the evaluation form within 2 months of having spent the grant. Non completion of this form will deny you access to any other carer related funds. A Carer Wellbeing Facilitator can support you in completing the evaluation form.

Frequently asked questions

When will I know if I've been successful?

Carers applying to the fund will be informed by the Carer Wellbeing Facilitator whether they have been successful or not. The decision made is final.

If your application is successful you will receive payment within 4 weeks of the decision being made by the panel.

What if I don't have a bank account?

You may nominate another person who does have a bank account to receive the grant on your behalf. This choice is available on the application form.

Please explain about receipts

It is a condition of the Time for ME Grant that receipts for the money spent are returned. You must return your receipts/copies of receipts to Gateshead Carers within one month of the money being spent.

Gateshead Carers does not send out reminder letters for submission of receipts or the return of the evaluation form.

If you do not return your receipts or the evaluation form, then you will not be able to make future applications to the any other carer related fund.. We therefore suggest you ask for proof of postage when returning receipts by post. There is no charge for this.

What sort of receipts are acceptable?

Receipts or an invoice from where you bought the item e.g. shop, hotel. Receipts submitted must be for carer expenses only.

What should I do if I've lost my receipt?

If possible, get duplicate receipts. If these cannot be obtained, please contact Gateshead Carers.

I can only take a break if the person I care for comes too. Please explain how the grant can be used in such a case.

If anyone including the person you care for accompanies you, they must pay for themselves

What if I don't spend all the money on what I've applied for?

You must return any unspent money.

What if the cost of what I want is more than the grant amount of £200?

If the cost is more than the grant you will have to pay the balance yourself. You will still have to give us the receipt / copy of receipt to show how the grant was spent.

What should I do if after 6 months I haven’t spent my grant?

If you haven’t spent your grant within 3 months of receiving it, you must return the money to Gateshead Carers.

If you do not return unspent money or do not return receipts or the evaluation form, you will be not be able to apply for another grant in the future.

What if the fund runs out of money?

The funding for this grant is provided by the Newcastle Gateshead CCG and is limited and time bound. All grant money has to be distributed by 30-June-2018.

How do I contact you?

For any queries about the fund contact Gateshead Carers:

**Gateshead Carers Association
Time for ME
John Haswell House
8-9, Gladstone Terrace
Gateshead NE8 4DY**

**Telephone: 0191 4900121
Email: enquiries@gatesheadcarers.com**

PLEASE KEEP THESE NOTES FOR FUTURE REFERENCE

Time for ME – Application Form

The more information you provide to support your application the better. We may still need to contact you or the professional supporting you for further information.

PLEASE COMPLETE USING BLOCK CAPITALS

Parent Carer details:

| | | |
|--|------------|--|
| First Name: | Last Name: | Are you employed ? (Yes / No/ Retired) |
| Address: | | |
| Area in Gateshead : | | Postcode: |
| Telephone: | Email: | |
| Date of Birth: | Gender: | Ethnicity: |
| How did you hear about the ‘Time for ME’ fund? | | |

Are you a professional completing the form on behalf of a carer? If so give your details below:

| | | |
|---------------|------------|------------|
| First Name: | Last Name: | Telephone: |
| Organisation: | | |
| Job Title: | | |
| Email: | | |

Details of the child / young person cared for:

| | | |
|--|---|----------------------|
| First Name: | Last Name: | Mr/Mrs/Miss/Ms/Other |
| Address: (if different from carer) | | |
| Postcode: | | |
| Date of Birth: | Gender: | Ethnicity: |
| Illness, disability, condition or substance misuser: | | |
| This person is my | Son / Daughter / step son / step daughter | |
| If Kinship Carer, please | | |

provide details' of relationship

For **how long** have you been caring for this person.....Years.....

How many hours **a week** do you spend caring for them? (*tick **one** box only*)

1-15 hours per week

16 – 49 hours

50+ hours

**How do you help to care for the person?
(please tick all that apply)**

| | |
|--|--------------------------|
| Preparing meals and/or help with eating and drinking | <input type="checkbox"/> |
| Helping with washing, dressing, lifting or moving | <input type="checkbox"/> |
| Personal care - Helping with toilet or continence issues | <input type="checkbox"/> |
| Supervising, supporting or prompting the person | <input type="checkbox"/> |
| Providing emotional support and encouragement | <input type="checkbox"/> |
| Making/attending appointments or interpreting | <input type="checkbox"/> |
| Providing Transport | <input type="checkbox"/> |
| Support with socialising/activities | <input type="checkbox"/> |
| Support with finances/money | <input type="checkbox"/> |
| Administering medicines | <input type="checkbox"/> |
| Any additional please list below : | <input type="checkbox"/> |
| | |
| | |
| | |
| | |
| | |

Use this space to write about any other help or support you provide – please give as much information as possible including whether you care for anyone else:

This grant will be awarded on the basis that it will help you achieve at least one of the following outcomes. Please tick an outcome or a number of outcomes:

| | |
|---|--------------------------|
| An improved feeling of wellbeing | <input type="checkbox"/> |
| A reduction in feelings of stress | <input type="checkbox"/> |
| A reduction in feeling isolated | <input type="checkbox"/> |
| An improved sense of calm and being in control | <input type="checkbox"/> |
| An improved relationship with family/friends | <input type="checkbox"/> |
| An improved feeling of managing the caring role | <input type="checkbox"/> |

Please describe how this grant will help you achieve that outcome/ those outcomes:

When answering the following questions, you must say exactly how you intend to spend the money and how it will meet your needs as a carer – you will need to provide receipts that show that you spent the grant on the activity/item stated.

There are five categories of grant. You can only apply for **one** of these. **Please complete the appropriate section below.**

Hobby:

- | | |
|---|---|
| <input type="checkbox"/> Membership to a club | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Camera | <input type="checkbox"/> Binoculars |
| <input type="checkbox"/> Sewing Machine | <input type="checkbox"/> Gardening equipment |
| <input type="checkbox"/> Camping equipment (tent / tent mattress etc excluding clothes | <input type="checkbox"/> Other (please state) |

You will need to provide a written quote/evidence of the costs of your intended purchase.

Electronic device for a special need *Please select the **one** item you are applying for:*

- | | |
|--|--|
| <input type="checkbox"/> Electronic Tablet | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Mobile Phone | |
| <input type="checkbox"/> Laptop | |

If successful you will be awarded a fixed amount towards the item requested based on the current market value.

Leisure Opportunities:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Cinema | <input type="checkbox"/> Other (please state) |
| <input type="checkbox"/> Theatre | |
| <input type="checkbox"/> Pamper day | |

You will need to provide a written quote/evidence of the costs of your intended purchase.

Skills & Learning – Cost of courses including the cost of any equipment needed.

Please answer the questions below.

| | |
|--|--|
| What is the name of the course/training you are applying for? | |
| Who is providing the training? | |
| Where will it take place? | |
| How much will it cost? | |
| Will you need any additional equipment to take part in the training? | |

You will need to provide a written quote/evidence of the costs of the training and/or equipment.

Short Break / Vacation:

- | | |
|---|---|
| <input type="checkbox"/> Caldew House <input type="checkbox"/> Weekend break <input type="checkbox"/> Towards a longer vacation | <input type="checkbox"/> Other (please state) |
|---|---|

You will need to provide a written quote/evidence of the costs of your intended purchase.

I am able to make alternative care arrangements for the person I care for while I take my break.

Yes No

The fund can only cover your costs. Please confirm that anyone else going with you will pay their own portion of the costs

Yes No

| | |
|------------------------------------|---|
| Amount requested from Grant | £ |
|------------------------------------|---|

Payment Details

If you are awarded a grant it will be paid by cheque. If you do not have a bank account we can pay a nominated person who has a bank account.

If I am successful please pay my grant: *Please tick **one** of the following options*

- Into my bank account – Name on bank account : _____
- Into a nominated persons account

Bank Details of the nominated account holder

I agree and do not have any objections to having the cheque for this grant made out in my name. I agree to pay for whatever is being requested for in this grant from the money that is presented to my account with this cheque.

| | |
|---------------------------------|----------------------------------|
| Name on the bank account | Account holders signature |
| | |

Declaration / Terms and Conditions

- I confirm that I have read and understood the Application Guidelines.
- I confirm that the information I have provided on this form is accurate.
- I will only spend the Time for ME grant in the way I have described.
- I will return the grant if the purpose for which it is given does not go ahead.
- If I receive other grants for the same purpose, which total more than the cost of the purpose, I will let Gateshead Carers know so we can discuss amending my grant.
- I will send receipts for any items or services purchased or provided through the grant within one month of using the grant.
- I understand that if I do not return receipts I will be unable to apply for a Time for ME Grant in the future.
- I will return any unspent money to Gateshead Carers.
- I give Gateshead Carers permission to record my details on their databases and to send me information and occasional newsletters.
- I understand that neither Gateshead Carers nor Newcastle Gateshead Clinical Commissioning Group (NHS), can pay for the maintenance of anything I spend my grant on, nor are they liable for any injury or damage caused by the item I spend my grant on.
- I understand that Gateshead Carers Association’s full Data Protection Statement is available on request from the centre.

| | | |
|-------------|------------------|-------------|
| Name | Signature | Date |
| | | |

Data Protection

The personal information you give to us will be processed in accordance with the UK Data Protection Act 1998.

Information given to Gateshead Carers is stored securely on our restricted access server and will not be shared outside the organisation with the following exceptions

- To enable a decision on your application, non-identifiable information will be shared with members of the Time for ME panel which includes Employees of Gateshead Carers Association but may include representatives of the Newcastle Gateshead CCG.
- In situations where we believe a person’s safety is at risk, we have a legal Duty of Care to take reasonable steps to ensure their safety.

You have a right to see a copy of the information we hold on you at any time and you should let us know at any time if you would like to see this.

If you would like a copy of our Data Protection Statement, please let us know

Without your agreement to share your information as described, we cannot process your application.

Please sign below to confirm your agreement to share this application.

| | | |
|-------------|------------------|-------------|
| Name | Signature | Date |
| | | |

Gateshead Carers - Carer Wellbeing Facilitators comments

This client is a parent carer / Kinship carer (tick appropriate) of a child (age under 18 yrs.) who has :
Type of disability:

This client needs this grant because

The 1st star has been completed by client :

Any other comments

Signature of CWF

Date