



# Individual carer's application form

PLEASE USE BLACK INK

## Section A – about you

Name.....

Address .....

.....

.....

Telephone number .....

Your Age: .....

If you are not yet 18 years of age, you could get some help from an older person to fill in this form. Please remember to give us his/her name and address (tick relevant box).

**Employment:**      Full time       Part-time   
 Casual       Student       At school   
    Unemployed       Retired

National insurance number (or any other form of identification)

.....

## Section B – about your situation

To help us make an informed decision we need to know:

**Who you are caring for:**

Name.....

Their approximate age .....

Your relationship to this person.....

Where you provide the care (if different from your address):

.....

**How many people in your household:**

Adults       Children under 18

**How long you have been the carer for this person and why does this person need to be cared for?**

**Reason for and the nature of the disability**

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 .....

**What type of care you provide:**  
 eg. personal care, help mobility, etc.....

.....  
 .....

**What you receive at the moment to help you care:**  
 eg financial, respite care, short breaks, etc.

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Please tell us your **total family income**.  
 For example how much money you have coming in to **the household** through salary, benefits from Benefits Agency, grants, other income.

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## Section C – what you need

This section asks about what you want us to fund, ie the service or item that you plan to use the grant on.

**Remember – the grant cannot replace income or pay everyday household bills. The Trust is set up to help you, the carer, and any grant must relate to your needs as a carer to improve your quality of life.**

**What help do you want from the Trust?**

Please also tell us how this will help you, how much it will cost and how much you need from us

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PLEASE TURN OVER TO COMPLETE FORM

**Have you asked anybody else for this item/service?**  
Who did you ask and what was the response?

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**Is there anything else you would like to tell us?**  
Please write in the space below.

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**IF YOU DO RECEIVE A GRANT YOU MUST KEEP ANY RECEIPTS TO SHOW THAT YOU HAVE SPENT THE MONEY AS STATED ON THIS FORM.**

**THE TRUSTEES HAVE COMPLETE DISCRETION IN MAKING A DECISION ABOUT A GRANT IN ANY PARTICULAR CASE.**

**Section D – finishing your application**

The application must be signed by two people

- 1) You
- 2) A referee

Your referee must be a person who knows about your caring situation, eg a health or social worker, a teacher, minister of religion, your doctor, your solicitor. A friend or neighbour as such is not acceptable. This will need to be someone with the knowledge and skill to give a meaningful opinion on your request.

**1 You**

To the best of my knowledge all answers to the questions on this form are correct. If this application is successful, I will use the grant only for the purposes stated in this application.

Your signature: .....

Date.....

**2 Referee**

Name.....

Full address.....  
.....  
.....

Contact number:.....

Position.....

**REFEREE – How do you know the carer?**

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.....  
.....

**REFEREE – How long have you known him/her in this present situation?**

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**REFEREE – Please add a short statement of support for the application in the space below. The Trust must be sure that the help requested will be of real benefit to the carer and that the benefit will be worth the cost involved.**

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**REFEREE - I know this applicant and his/her caring role. I have read the completed application form and to the best of my knowledge it is a true reflection of the caring situation and need of the applicant. I can talk to you about this application if required.**

Referee's signature:.....

Date.....

When sending in the form, keep a copy and post the original to:

**Norfolk Millennium Trust for Carers  
1 Park Farm Barn, Wolterton, Norwich  
Norfolk NR11 7LX  
Telephone 01263 768339 Fax: 01263 761553**

**FEEDBACK**

**Please tell us briefly how you heard about the Trust:**

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.....  
.....

**PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS**