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| **Carers Emergency Fund Application – Return to hello@caringtogether.org** |

This programme is made possible thanks to funding from Carers Trust. It enables Caring Together to provide swift support to carers aged 16+, helping to address the emergencies and difficult situations the Coronavirus (COVID-19) crisis has created. Grants are only available whilst funding is still available

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| **Name** |  |
| **Date of birth** |  |
| **Address and postcode** |  |
| **Phone number** |  |
| **Email** | @ |
| **Reason for applying** |  |
| **Cost of what you are seeking to purchase** |  |
| **Amount you are requesting** |  |
| **If not awarded the full amount, how would you cover the remainder of the cost?** |  |
| **What impact is Covid-19 having on you as a carer? What difference would this funding make to you/your family? (please provide as much detail as possible)** |  |
| **Anything else you would like to add?** |  |
| **If successful, do you consent to Caring Together and/or Carers Trust using the information about why you were applying (e.g. the impact Covid-19 is having and the difference this funding would make) to produce an anonymous case study to promote this fund and raise awareness of carers (none of your personal details would be used)?** |  |

**Please continue to page 2**

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| **Bank Details (these will only be used if awarded a grant)** | |
| **Name of Bank/Building Society** |  |
| **Account Holders Name as stated on the account** |  |
| **Account Number** |  |
| **Sort Code** |  |
| **Optional Demographic Information requested by funders**  (Consideration of application is not dependent on the below information being provided and you can put “Prefer not to say”) | |
| **Gender** |  |
| **Ethnicity** |  |
| **Do you consider yourself to have a disability?** |  |
| **Sexual Orientation** |  |

**I consent to the above data being stored by Caring Together for the purposes of administering this grant.**

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| **Signature of carer (electronic is acceptable)** |  |

Disclaimer:

Failure to produce receipts within 4 weeks of the date money is paid will mean repaying all monies to Caring Together.

Failure to use the money within 4 weeks of the date money is paid will mean repaying all monies to Caring Together.

**Return to** [**hello@caringtogether.org**](mailto:hello@caringtogether.org)