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| **COVID-19 Back to education bursary fund application form Please return to hello@caringtogether.org** |

This fund is made possible thanks to funding from the United Grand Lodge of England, administered through the Masonic Charitable Foundation and the Provincial Grand Lodges of Cambridgeshire, Norfolk and Suffolk Freemasons.

It means Caring Together can support young carers by providing bursaries to reduce the impact that the COVID-19 crisis has had on their education and support their successful transition back into education post-lockdown.

**Grants are only available whilst funding is still available.**

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| **Name** |  |
| **Date of birth** |  |
| **Address and postcode** |  |
| **Phone number** |  |
| **Email** | @ |

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| **Please can you tell us a bit about the young carer’s situation – what effect has the COVID-19 pandemic had on their education?** |  |
| **What are you planning to buy?** |  |
| **How will this purchase: 1. Help to reduce the impact that COVID-19 has had on their education? and/or 2. Support their successful transition back into education post-lockdown?** |  |
| **What is the cost of what you are seeking to purchase** |  |
| **Amount you are requesting** | £ |
| **If not awarded the full amount, how would you cover the rest of the cost?** |  |
| **Name, role and contact details of professional supporting this application (e.g. teacher, social worker, young carers project worker)** |  |
| **Is there anything else you would like to add to support this application?** |  |

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| **If successful, do you consent to Caring Together and/or the Masonic Charitable Foundation using the above information to produce a case study to promote this fund and raise awareness of carers? You can choose for the case study to include the young carers’ name and photos or they can remain anonymous.** | Yes | o | No | o |
| Named with photos | o | Anonymous | o |
| **If the young carer lives in Cambridgeshire or Peterborough, would they like their email address to be added to the Caring Together mailing list to receive the latest information about support opportunities available?** |  | | | |

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| **Bank details (these will only be used if awarded a grant for the purpose of administering the payment)** | |
| **Name of bank/building society** |  |
| **Account holder’s name as stated on the account** |  |
| **Account number** |  |
| **Sort code** |  |

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| **Optional demographic information**  (These questions help us to ensure we are reaching carers from a wide range of backgrounds. Consideration of application is not dependent on the below information being provided. You can put ‘prefer not to say’ if you do not want to give these details). | |
| **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 four weeks of the date money is paid will mean repaying all monies to Caring Together.

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

**Please return the completed application form to hello@caringtogether.org**