**Logo, company name

Description automatically generated**

**Carmarthenshire Carers Fund**

**Application form**

This application form is for:  
   
1.   a carer applying on their own  
**or**  
2.   a family or more than one carer in the same household applying for money to spend on the same thing  
  
*When filling in this form, please tick the relevant box on the left hand side next to your answer. See example below:*

|  |  |
| --- | --- |
| √ | Yes |
|  | No |

**Section 1: About the person filling in this form**

Are you a carer filling in this form for yourself and/or other family members?

|  |  |
| --- | --- |
|  | Yes (go to section 3) |
|  | No (go to next question) |

Are you a professional (trusted referrer) completing this form on behalf of a carer?

|  |  |
| --- | --- |
|  | Yes (go to section 2) |
|  | No (go to section 3) |

**Section 2: About you, the carer**

Do you live in Carmarthenshire or does the person or people you care for live in Carmarthenshire ?

*.*

|  |  |
| --- | --- |
|  | Yes |
|  | No |

What is your name? *(First and last name)*

|  |
| --- |
|  |

What is your date of birth?

|  |
| --- |
|  |

What is your address and post code?

|  |
| --- |
|  |

What is your phone number?

|  |
| --- |
|  |

What is your email address? *Leave blank if you don't have an email address.*

|  |
| --- |
|  |

What language do you want us to use when we email you?

|  |  |
| --- | --- |
|  | Welsh |
|  | English |
|  | Don't mind/ Bilingual |

What language do you want us to use when we post letters to you?

|  |  |
| --- | --- |
|  | Welsh |
|  | English |
|  | Don't mind/ Bilingual |

What language do you want us to use when we speak to you?

|  |  |
| --- | --- |
|  | Welsh |
|  | English |
|  | Don't mind/ Bilingual |

Do you have any additional communication needs that we should know about?

*For example:*

*Do you need to be contacted in a certain way (e.g. via email instead of on the phone)?  
Do you need information in a different format (e.g. large print or easy read)?  
Do you need additional support to communicate (e.g. hearing aids, lip reading or British Sign Language interpreter or communicator)?*  
  
Please tell us.

|  |
| --- |
|  |

Who do you care for?

*For example husband, wife, partner, mother, father, son, daughter, brother, sister, friend etc*

|  |
| --- |
|  |

**Section 3: How can the Carers Fund help you?**

How much money in total are you applying for?

*You can apply for up to £1000.*

What do you want to spend the money on?

*It must be something that you have not already bought/paid for.*

|  |
| --- |
| Equipment for the home e.g. TV  Services for the home e.g. garden/ decorating (please specify)  Anything else you wish to be considered **please note below your intended purchase and the store you require the voucher for**  If you are employing someone to deliver a service to you a quote for the work will be required with this form  Age Cymru Dyfed will pay the supplier directly or provide a voucher to use in the shop.  **\*\*\*\*\*Please note you will need to keep all receipts as Carmarthenshire County Council reserve the right to request sight of them for audit purposes \*\*\*\*\*\*\*\*** |

If your application is approved, the Carers Fund money will be paid to the tradesman if the application is received prior to 28th March 2024 or in the form of vouchers to correspond with your requested items and the intended store you wish to purchase from. If the funds are to be used for services and you have provided a quotation **we will pay the supplier on confirmation of the work so ask them to include payment details on their quotation**

**Section 4: The rules (terms and conditions that you must agree to)**

Please read these terms and conditions carefully before submitting the application.

1. The Carers Fund is for the Carer to buy something that helps to improve their wellbeing.
2. The Carers Fund money **cannot** pay for something that has already been paid for before the application has been approved.
3. Carers must spend the Carers Fund money on the things that the approval has been given for. This will be the item listed on the application.
4. If the Carers Fund money is spent on something that has not been agreed, it will need to be paid back to the Council.
5. The Carers Fund money **cannot** be used to buy things from friends, family or neighbours etc (unless they are a sole trader).
6. The Carers Fund money **cannot** be used to buy things from private sellers.
7. The carer must provide receipts/ invoices to the Council if requested to for audit purposes. If receipts are not provided, the Carers Fund money will need to be paid back to the Council.
8. The Council are not liable for any injury or damage caused by things bought with the Carers Fund money.

**Section 5: How will your information be used?**

Age Cymru Dyfed :

* will collect, store, and use information in this application and any information

you give afterwards to process and consider the application

* will contact you to discuss the application and get more information if necessary.
* may use comments or feedback that you give about the Carers Fund to promote the fund to others or to evaluate and report on the Carers Fund.
* Will share your information with Carmarthenshire County Council as part of the programme and reporting on how funds are spent
* You can ask for your details to be removed at any time
* You can see Age Cymru’s Privacy notice on [Age Cymru Dyfed | Privacy policy (ageuk.org.uk)](https://www.ageuk.org.uk/cymru/dyfed/privacy-policy/). The privacy notice describes how the organisation collects, uses and stores your personal information. You can also contact Age Cymru Dyfed on 0333 3447 874

**Section 6: Submitting your application**

By submitting this Carers Fund application, you are agreeing that the following statements are true:

* The information I have given in this application is correct.
* Any extra information I am asked to give after submitting this application will also be correct.

|  |  |
| --- | --- |
|  | I have read and understand the terms and conditions and agree to them. |
|  | I agree to my information being used as described in section 5. |

Signature (enter name if completing electronically)

|  |
| --- |
|  |

Date

|  |
| --- |
|  |

**Please check that you have answered all questions before sending by email to: reception@agecymrudyfed.org.uk**

**o**r by post to

Age Cymru Dyfed

Units 5 - 11

LEC Workshops

100 Trostre Road

Llanelli

SA15 2EA

We will process your application and contact you to confirm if your application has been successful.  The fund is offered on a first come basis and once the funds have been depleted the offer will close.