**Application Form**

**The accompanying guidance notes should be read before completing this form.**

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| **Your contact details** |
| **First Name** |  |
| **Last Name** |  |
| **Contact Tel. Number** |  |
| **Email** |  |
| **Address**  |  |
| **Town/City** |  | **Postcode** |  |
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| **Your caring situation** |
| **Are you an unpaid carer living in Edinburgh or supporting someone living in Edinburgh?** | **Yes [ ]  No [ ]**  |
| **Number in your household** |  | **Number of people you care for** |  |
| **How many hours a week care do you provide?** |  | **Do you care for a disabled child?** | **Yes [ ]  No [ ]**  |
| **Please describe your caring role. (Tell us who you care for and what you do to support them)** |  |
| **Personal information** |
| **What is your date of birth? (dd/mm/yyyy)** |  | **What is your ethnicity?** | **Asian or Asian Scottish [ ]** **African Caribbean or Black [ ]** **Mixed or multiple [ ]** **White [ ]** **Prefer not to say [ ]**  |
| **What is your gender?** | **Male [ ]** **Female [ ]** **Prefer to self-describe [ ]** **Prefer not to say [ ]**  |
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| **Welfare benefits receipt** |
| **Do you receive any benefits?** | **Yes [ ]** **If yes, please tell us which ones: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****No [ ]**  |
| **Do you have an application pending for a benefit?** | **Yes [ ]  No [ ]**  |

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| **What are you applying for?**If you are looking for help with fuel costs and have a prepayment meter, please complete the general recovery fund section as well as the fuel support fund so payments can be made towards these costs. |
| **You can apply for one or more of these funds.**  | **Fuel fund** | **[ ]**  |
| **Food fund** | **[ ]**  |
| **General recovery fund** | **[ ]**  |

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| **Answer these questions if applying for the fuel fund** |
| **Do you have a preference for whether a payment is made towards gas or electricity bill?** | **Gas** | **[ ]**  |
| **Electricity**  | **[ ]**  |
| **Both** | **[ ]**  |
| **No preference** | **[ ]**  |
| **Tick to confirm VOCAL can contact your energy provider to make a payment on your behalf** | Yes, I confirm VOCAL can contact my energy provider |  **[ ]**  |
| **Name of energy provider** |  |  |
| **Name of account holder** |  | **Account number** |  |

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| **Answer these questions if applying for the food fund** |
| **What supermarket would you like food tokens for?** | Scotmid | **[ ]**  |
| Tesco | **[ ]**  |
| No preference | **[ ]**  |

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| **Answer these questions if applying for the general recovery fund** |
| **Provide details of what you wish to buy**See guidance sheet for examples of what you can buy. You cannot apply for something you have already bought.  |  |

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| **How much will it cost?**You will need to provide receipts. | £ | **Where will you buy it?** |  |
| **If successful, how would you like the payment to be made?** | **Bank transfer [ ]** **Cheque [ ]**  |
| **If cheque, who would you like it made out to? (give name)** |  | **If bank transfer, provide details of account holder** | **Name of account holder:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Bank account number:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Sort Code: \_\_\_\_-\_\_\_\_-\_\_\_\_** |

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| **Summary** |
| **Please tell us the difference this grant would make to your life.**Consider what you said when you described your caring role. Explain why you need help financially to pay for the item. If you are on welfare benefits, please tell us which ones.  People who have benefited from the funding have reported improvements in their health and wellbeing, stress levels, family relationships and caring situation.   |  |
| **Any other comments?** For instance, if you’ve applied for more than one fund, you might want your award split in different ways e.g. ‘I would like 30% of the award to buy food tokens and the rest to pay my fuel provider.  |  |

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| **Referee/supporting professional**To ensure all applications are genuine, you must have spoken to someone about your claim and discussed how it will benefit you e.g. VOCAL staff member or other carer support worker, nurse, OT, social worker, teacher etc. This section asks for information about your referee. |
| **First Name** |  | **Last name** |  |
| **Job title** |  | **Organisation** |  |
| **Contact tel. number** |  | **Email** |  |
| **Address**  |  |
| **Town/City** |  | **Postcode** |  |
| **How long have you known this professional?** |  | **Tick here to confirm the professional is aware of the application** |  **[ ]**  |

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| **Terms and conditions** |
| **I give permission for VOCAL to store and share my information for the purpose of providing this service and in accordance with our privacy statement (**[**https://www.vocal.org/a**](https://www.vocal.org/a)**bout/privacy).** |  **[ ]**  |
| **I agree to give feedback about the grant** |  **[ ]**  |
| **I will only use the grant for the purpose described in this application** |  **[ ]**  |

The information above is correct and complete as far as I am aware:

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| **Signature** |  | **Date** |  |

**Once the form is completed, it should be returned to VOCAL at** **centre@vocal.org.uk** **or by post to VOCAL, 60 Leith Walk, Edinburgh, EH6 5HB.**

**VOCAL will contact you about the application, either to obtain more information or to let you know the outcome over the next few weeks.**