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**GUIDANCE NOTES**

**VAS Carers Service Short Break Grants**

**ARE YOU LOOKING AFTER SOMEONE?**

Caring for someone can happen very suddenly, sometimes overnight, or you may find yourself doing more and more over many months and years.

Although rewarding, looking after someone can affect your physical and emotional wellbeing and impact on you financially and socially.

**A carer is generally defined as a person of any age who provides *unpaid* help and support to a relative, friend or neighbour who cannot manage to live independently without that person’s help.**

**Short Breaks for Carers**

Voluntary Action Shetland have been fortunate enough to secure funding once again from Short Breaks Scotland. This will allow us to offer carers in Shetland the chance to benefit from a short break from your caring role.

*“We see first-hand the impact that caring can have and how important it is for carers to receive support and valuable time out for themselves. This could be a trip to see family and friends on the mainland or time to take part in a hobby or relaxation session – anything that awards the carer a break from their caring responsibilities. We hope this break makes carers feel better supported to sustain their caring role.”*

***Kirsten Harcus, VAS Carer Support Worker***

**Making Your Request is Easy**

Apply online by clicking the 'Short Break Form' button at www.shetlandcarers.org/need-a-break or call Amanda Brown at VAS to obtain a paper version of the application form on 01595 743923.

All we ask then is that you register with the confidential VAS carers database. This enables us to record that you are a carer and send you any new carer information.

Once VAS has received your completed application form, we will process it, and if you meet our eligibility criteria we will send out a cheque to you.

**After Your Short Break**

As part of the conditions for the grant you will need to send us receipts for your Short Break.   We also require that you fill in an Evaluation form telling us about your Short Break. This helps us to monitor the success and take-up of the project and make improvements where necessary.

**VAS Carers Service**

**TIME TO LIVE SHORT BREAK GRANT APPLICATION FORM**

*This form should be completed by the carer, young carer or any person supporting the carer*

1. **Information about the carer**

*I would like to apply for a short break. Please add me to the carers’ database.*

**Please provide the following information about the CARER:**

Name.............................................................................................................................

Address..........................................................................................................................

................................................................................ Postcode ......................................

Phone number................................................ Mobile ...................................................

Email..............................................................................................................................

Date of Birth.............................................................

**If you prefer not to share your age please tick this box**

Gender…………………………………………. Ethnicity……………………………………

Social Locality (Local Health/GP Centre)…………………………………………………...

How did you hear about the Short Break Grant Scheme for carers?

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1. **Information about the caring situation**

**Please provide the following information about the CARED FOR PERSON:**

First name and surname……………………………………………………………………….

Preferred name………………………………………………………………………………….

Address…………………………………………………………………………………………..

…………………………………………………………… Postcode…………………………...

Date of Birth……………………………………………

Gender………………………………………….. Ethnicity…………………………………….

Social Locality (Local Health/GP Centre)………………………………………………….....

Please provide details about the type of care you provide (help with personal care, help with shopping, domestic tasks, etc)

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What is your relationship to the person you provide care for?

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**If you prefer not to share the age of the person you care for please tick this box**

How long have you provided care for this person?

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On average, how many hours a week do you spend caring or providing support?

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What is the illness/condition/disability of the person you care for? e.g. Dementia

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Please provide full details of existing support received to include local authority and third sector agencies, e.g. Shetland Care Attendant Scheme sitter one time per week for 3 hours, 3 local authority respite stays of 3 nights.

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Have you received short break grant from us or any other organisation in the past twelve months?

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Have you received a short break grant from us before? If yes, please provide date

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Please provide details of how you would use a short break grant including a costing for your short break(s). e.g. One overnight dinner/bed and breakfast stay - £120 or 4 reflexology sessions x £30 = £120. Any grant awarded will reflect a contribution towards the break, subject to a maximum amount of £150.

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| **Break proposal** |
| **Costing**  |
| **Please explain how the break would benefit you**  |

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| Do you have any other family members to support you? YES / NO (please provide details) |
| Do you feel you are experiencing social isolation? YES / NO (If yes please provide details) |
| Do you have any health and wellbeing problems of your own? (If yes, please provide details) |

Any further information you wish include about your situation

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Please return this application form to **Amanda Brown at Market House, 14 Market Street, Lerwick ZE1 0JP.** Or if you would like further information you can contact Amanda on 01595 743923 or email amanda.brown@shetland.org

**carers@shetland.org** 

[**www.shetlandcarers.org**](http://www.shetlandcarers.org) **Shetland Carers**

**DATA PROTECTION**

Here at Voluntary Action Shetland (VAS) we take your privacy seriously and will only use your personal information to administer your account, and to provide the products and services you have requested from us. In order to provide carers with a better service we are now working in partnership with Shetland Care Attendant Scheme (SCAS). We will share your information with this organisation via a joint database. If you have any concerns about this please discuss this with us.

From time to time VAS/SCAS would like to contact you with details of other services we provide. If you consent to us contacting you for this purpose, please tick to say how you would like us to contact you:

**I’m happy for you to contact me by:**

**Post** ☐    **Email** ☐    **Telephone** ☐   **Text message** ☐    **Facebook group** ☐ **Newsletter** ☐

Where appropriate, we would also like to pass your details onto Shetland Islands Council and/or NHS Shetland and other third sector organisations, who support carers and will pass information to you regarding being a carer or services to support the person you care for, so that they can contact you with details of services that they provide. If you consent to us passing on your details for that purpose, please tick to confirm:

**I agree to share my information with:**

|  |  |
| --- | --- |
| Shetland Islands Council ☐ | NHS Shetland ☐ |
| Other members of the carer strategy group if appropriate: |
| Citizen’s Advice Bureau ☐Royal Voluntary Service ☐Alzheimer’s Scotland ☐Shetland Community Connections ☐ | Ability Shetland ☐Advocacy Shetland ☐Mind Your Head ☐Shetland Care Attendant Scheme ☐ |

I HAVE READ THE INFORMATION ABOVE AND I CAN CONFIRM THE DETAILS ARE CORRECT.

I HAVE READ AND UNDERSTOOD AND AGREE TO THE DATA SHARING NOTIFICATION

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office only:**

Distribution lists: Database Mailchimp

Email lists:

Referral to anyone? Leaflets handed out?