

Application Form

April 2018-19

Please note that there is guidance on how to complete this form, eligibility for support and a funding agreement that accompany this application form. If you do not have these please download them from www.weebreak.org or call 0131 663 6869 to receive a copy.

1) Information about you, the carer

Full Name
Address
Postcode
Telephone Number
Email address (if any)
Date of Birth
Ethnicity

2) Information about how you would like to use the respite hours

(please note hours must be used within **6 months** of award and sessional staff are generally available during the late afternoon, evening and at weekends)

When do you think you might want to use the hours?

Please indicate all times that your child is available.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
9-12am							
12-5pm							
5-9pm							

Please let us know if you have any absences from Midlothian planned that would prevent you using your hours? i.e. holidays or trips abroad.

If you have any preferences about the worker supporting your child please state them below.
(please note that your preferences may not always be possible to meet)

Gender?	Male		Female		No preference
Age?	18-25	26-30	30-40	40+	No preference
Driver?	Yes		No		

Please note mileage of 35p a mile will need to be paid to the support worker when using their own transport. VOCAL may be able to help with transport costs on some occasions.

Please state any other preferences
(please note that your preferences may not always be possible to meet)

3) Information about your child

(This information will be shared with Lothian Autistic Society and The Action Group to ensure the worker is adequately trained to meet your child's needs and to ensure that respite is successful)

Child's Information – please answer these questions as fully as possible

Child's first name	Surname	Age	DOB
Address			
Postcode			
Is the child in full-time education?	<input type="checkbox"/> yes <input type="checkbox"/> no		
Name of school/college			

Medical Information

Does your child have a diagnosis, if so what is it?

Please describe how it affects your child?

Shared activities

Sometimes we are able to increase the volume of respite provided if you share your hours with another family. This would mean your child participating in activities in pairs or in a small group.

Would you like to be considered for this?

yes no

<p>Do you have a family in mind that you would like to share respite with if so please provide their details here?</p> <p>Have you discussed with them the possibility of sharing respite?</p>	<p><input type="checkbox"/> yes <input type="checkbox"/> no</p>
<p>Do you want to be considered for shared hours even if you have not suggested a family to share with?</p>	<p><input type="checkbox"/> yes <input type="checkbox"/> no</p>
<p>Can your child cope with small groups?</p> <p>Please give details of how your child behaves in small groups</p>	<p><input type="checkbox"/> yes <input type="checkbox"/> no</p>
Anything else	
<p>Is there anything else you would like to tell us about your child or situation?</p>	

- I certify that I am the person with parental responsibility for the child named above and that the information given is true to the best of my knowledge and belief.
- I understand that any false or deliberately misleading information given on this form and/or supporting information may lead to the offer of a place being withdrawn.

4) Professional support

This section should be completed by someone who knows the carer and has supported the child/young person in a professional capacity e.g. Children & Families Worker, Social Worker, Carer Support Worker, GP, Teacher, Youth Worker etc.

Full Name
Occupation/Profession
Organisation
Tel Number
Email
Please describe in what capacity you have worked with the child/young person named on this form and how their condition(s) is likely to impact on the parent(s) and other family members:

5) Signatures

Carer's signature	
Date	
Supporter's name	
Supporter's signature	
Date	

All applications must be submitted in writing, using the specific Better Breaks Application Form, in paper form or electronically. Applications must be addressed to pquinn@vocal.org.uk or to Better Breaks, VOCAL, 30/1 Hardengreen Estate, Dalhousie Road, Dalkeith, Midlothian, EH22 3NX

The Funding Agreement below must be signed and returned with your application form.

Funding Agreement

April 2018 - 2019

Introduction

Better Breaks are funded from public funds and VOCAL is accountable for ensuring that applicants comply with the terms and conditions of the fund. These terms and conditions ensure that the fund is fairly administered, that individual carers receive maximum benefit from funds and purchased services, and allow VOCAL to review and develop the service to ensure continued benefits for carers.

Terms and conditions

1 General

- Only one award will be made to an individual carer or to multiple carers sharing a caring role in any 12 months period.

2 Application process

- All information provided on the application form must be true and accurate at the time of signing
- The panel reserves the right to ask for additional information.
- The panel reserves the right to take up a reference if they wish to have the opinion of a third party, to gain additional information or if they have concerns of any nature about the information provided.

3 Decision making

- The panel reserves the right to amend or adjust awards as they feel appropriate or as funds allow.
- The panel's decision is final.
- Concerns about the conduct or decisions of the panel may be raised with VOCAL's CEO Sebastian Fischer.

4 Arranging breaks

- By signing the agreement carers are consenting to the information on the application form being shared with and stored by project partners
- Hours can only be redeemed with project partners, no monies will be issued to allow the purchase from another provider
- Hours can be used in blocks of no less than two hours and in blocks of 30mins there after
- If hours are to be used with in the family home then a parent must remain at home during the whole visit
- The worker will only provide support to the child named on the form and no other children

- The sessional workers can have limited availability so most respite hours will need to be used in late afternoon, early evening or at the weekend
- All hours must be used within 4 months of the award being made
- All hours must be used by the 31st of March 2019
- If you do not begin using the hours within 2 months of the award then hours will be withdrawn

Activity and travel costs

- The family are responsible for all activity and travel costs for the child and the staff member
- If the staff member is using their own car to transport the child then a mileage rate of 35p a mile applies and will be agreed with and paid by the parent/carer directly to the staff member
- On some occasions VOCAL may provide assistance with the cost of transporting the child/young person to and from activities.

5 Following a break

- Carers must participate in an outcomes focussed evaluation of the service.

Name.....

Signature..... Date