



## CREATIVE BREAKS FUND FOR CARERS OF PEOPLE WITH SERIOUS MENTAL ILLNESS and MENTAL HEALTH PROBLEMS

### APPLICATION FORM

Please read the FAQ SHEET before applying.

You **MUST** have the support of a Support Worker/Young Carer Worker to apply as they must sign the form. Forms received without a signature will be returned and you may miss the deadline for applying.

A Support Worker can be any member of staff from any support agency, including voluntary organisations, social work, health, housing or someone who supports the person you care for. Young carers must be in contact with a recognised Young Carer Service.

If you do not have/know a Support Worker, please contact Support in Mind Scotland (0131 662 4359) or the Carers Trust Scotland (0300 123 2008) and we will refer you to someone who can help.

#### ELIGIBILITY

To apply for funding you must be able to tick **ALL** of these boxes:

- I provide care on an unpaid (unwaged) basis either as an adult or as a young carer (a carer under 18 years old)
- I care for someone who has a serious mental illness or mental health problem (*excluding dementia*). *\*See below for priorities.*
- I have a substantial caring role that makes it very difficult for me to have a life of my own or enjoy any quality of life
- I am experiencing high levels of stress that is affecting my own health and Wellbeing

\*Schizophrenia or another psychotic illness, bi-polar disorder, severe anxiety or depression, personality disorder, and post-traumatic stress disorder. This is not for someone with a learning disability or on the autistic spectrum unless accompanied by a serious mental illness or mental health problem.

If you have any questions about whether or not you are eligible, please contact Support in Mind Scotland. Please note that although you meet all the criteria, there is no guarantee that funding will be awarded as we expect to receive more applications that we can fund and so additional priorities will be applied. **You must complete all sections and answer all questions. Any parts uncompleted will mean that your application will not be considered.**

**CARERS DETAILS**

**CARERS NAME:** .....

**CARERS ADDRESS:** .....

.....

**Post Code (essential):** .....

**Telephone Number (for queries):**.....

**Age Range for adult carers (please circle)**

18-24    25-40    40-55    56-65    65-75    75+

Age if a young carer: .....

**THE CARING SITUATION**

**When did you last have a break:** .....

Who do you care for?.....

(If you care for more than one person, including someone who does not have a mental health problem, please use the comments box for additional information)

What illness/problem do they have (please tick all that apply):

Schizophrenia/psychosis        bi-polar disorder        severe depression   

Severe anxiety        personality disorder        post-traumatic stress disorder   

Other (please describe):.....

.....  
*Comments/ Additional information:*

Please describe in your own words your caring role, including if you care for more than one person, and give us some information about the person/people you are caring for.

**How long have you been a carer/young carer?**  
.....

**Do you live with the person you are caring for?** Yes  No

### THE IMPACT OF CARING

These questions are designed to help us gather information about the people who apply so that we can report this to our funders. **They are *not* a test of how much you care or how 'deserving' you are.**

On a scale of 1-10 where 1 is 'coping' and 10 is 'at crisis point' how stressed do you feel at the moment?

1      2      3      4      5      6      7      8      9      10 (please circle)  
coping.....crisis

Please tick the statement/s that best describes the impact your caring role has had on you and your life (there is space at the end to describe your situation in your own words).

- I cope day to day but find it hard to think about the future
- I have emotional/physical problems/illness due to the stress of caring
- I have had to give up or limit my choices about work/study
- I have no life of my own

I have struggle with getting schoolwork completed due to my caring role

Please describe the impact of caring in your own words.

We are very concerned that people who are in crisis get the support they need quickly. Please talk to the Support Worker/Young Carer Worker helping you if you are in need of immediate support. The next question is optional:

Are you experiencing suicidal thoughts or feelings  yes  no

**If you have ticked yes to this question, please seek help urgently by calling Samaritans on 08457909090, Breathing Space on 0800 838587 or talking to your Support Worker/Young Carer Worker.**

### THE BREAK YOU ARE FUNDING

This fund is for any type of break that will help you to cope with your caring situation through having a personalised break from stress. You need to be able to say how this break will achieve this aim.

**Please note: We will not fund applications for a break that has already been taken or that do not detail the break being planned for. If your application is successful the money will not be available until approximately a week after you have been informed. Please consider this in your planning.**

What type of break are you planning?

- a weekend break
- a family event (such as a wedding)
- a course of therapies
- classes/workshops
- a day out
- family activities
- special occasion
- Other (please describe) .....

Please describe the break in your own words: (give detail).....

.....  
.....

When is the break (please give exact dates or planned dates).....

How many carers will benefit (i.e. a husband and wife = 2 carers): .....

**The funding is for a break primarily for the carer(s) who may wish to involve the cared-for person. Separate breaks will not be considered.**

Is the person you are caring for going with you?  Yes  No

Is anyone else going on the break – wider family/friends (please tell us who as this allows us to give a true reflection of how many people are benefiting from the break)

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How many overnight stays? ..... How many courses/classes? .....

**COST OF THE BREAK**

**If the award is to be a contribution to a larger amount a clear indication of the benefit of such an expenditure must be made clear under The Impact of the Break below . The maximum amount awarded is £350.00. In the case of holidays please give a realistic costing where possible.**

How much does the break cost – £ .....

(please give a detailed breakdown - i.e. hotel, travel, food, fees):

.....  
.....

How much are you asking from the fund? .....

If there is a shortfall how will you make up the difference? .....

.....

**THE IMPACT OF THE BREAK**

What difference will this break make to *you* in your caring role?

it will help me cope better with my caring role

it will relieve stress

Please tell us in your own words what difference the break will make: .....

.....  
.....  
.....

What benefit will the break have, if any, for the person you are caring for?

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.....

If the person is not coming with you, what arrangements have to be made for them in your absence and how will they cope without you?

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PLEASE USE THIS SPACE TO TELL US ANYTHING ELSE ABOUT YOUR SITUATION OR THE BREAK THAT YOU WANT US TO KNOW

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**SOME PRACTICALITIES**

What other services do you access regularly as a carer/young carer?

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Have you had a carers' assessment?  yes  no

If not would you like to be referred for an assessment?  yes  no

How did you find out about the short breaks fund?.....

.....

Did you already know a Support Worker/Young Carers Worker to help you apply?  
 yes  no

If not, how did you find the Support Worker/Young Carers Worker who is helping you?.....

.....

**SUPPORT WORKER/Young Carer Worker's STATEMENT**

**Please note that any section of the carer's application left uncompleted will automatically be rejected. There will not be an opportunity for re-submission during the same round. Please complete this section which includes your own contact details and your supporting statement, in full.**

Name of Support Worker/Young Carer Worker: .....

Organisation: .....

Address: .....

.....

Email: ..... Tel:.....

How long have you known the carer/young carer? .....

Please say why you are supporting this application.....

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**Signature of Carer/Young Carer:**

.....

**Signature of Support Worker/Young Carer Worker:**

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**Please contact Barbara on 0131 662 2284 if you have any queries.**

**Return by post to: Support in Mind Scotland, 6 Dalkeith Road Mews, Dalkeith Road, Edinburgh, EH16 5GA by :**

**Friday 27<sup>th</sup> February (round 1); successful applicants will hear by 20<sup>th</sup> March**

**Tuesday 19<sup>th</sup> May (round 2); successful applicants will hear by 5<sup>th</sup> June**

