

Time2Live Application Form 2024/25

(previously known as Time4Me)

This form should be completed in conjunction with current Time2Live guidelines.

I confirm that I have read the relevant guidance before completing this for and confirm that I meet all criteria listed in Section 2 "Eligibility Criteria".

Yes

Section 1 - Your Details

Title	First Name	Surname			
Tel No.					
Email					
Address				Postcode	
	Ethnicity		D.O.B		Age
Are you registered as an unpaid Carer with PKAVS Carer Hub?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, would you like more information?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you applied for a Time2Live /Time4Me grant before?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, when?				Reference No:	

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND WILL BE RETURNED

Applications are reviewed on an individual basis, PKAVS cannot guarantee that the requested amount will be approved with the full grant.

Section 2 - Your Caring Role
(please complete one form for each person you care for)

Name of Cared For:			
Date of Birth:		Age:	
The Cared For is my:			
Does the Cared For live with you?			

Cared For's health condition / reason for needing care:

What care do you provide?

What impact does caring have on your life?
(ie health, social, emotional, financial, other)

Does you or the Cared For receive support from any other organisation? If yes, who.

Section 3 – Details of Break	
Date of break:	
Is the Cared For person going with you?	Y <input type="checkbox"/> N <input type="checkbox"/>
If NO, how will the Cared For be supported in your absence?	
What would you like to use the funding for?	
Thinking about your role as a Carer, how will a break benefit you? (ie stress, anxiety, improve relationships etc)	
What is the total cost of your break? You should provide a breakdown of costs (ie: cost of item/accommodation/travel/petrol/tickets/meals/fees)	
	£
	£
	£
	£
	£
Total cost of shortbreak	£
Total amount requested from Time2Live (maximum £350)	£
How will any difference will be covered?	

Section 4 – MUST BE Completed by Carer			
The information given on this form is correct and I give permission for it to be shared with the panel.			<input type="checkbox"/>
I understand that the panel may seek additional information from me and that their decision is final.			<input type="checkbox"/>
I confirm the break has not been booked, paid for or purchased yet.			<input type="checkbox"/>
If successful, I agree to provide proof of purchase/receipts in relation to this break for the full amount awarded.			<input type="checkbox"/>
If successful, I agree to complete a short breaks feedback form.			<input type="checkbox"/>
Carer's signature		Date	

Unregistered carers only: Section 5 should be completed by a professional who has supported the carer and/or the cared for. Failure to have this completed will deem your application incomplete.

The Professional must not be related to the Carer or Cared For.

Section 5 – Referring/Supporting Professional			
Name			
Organisation			
Job Title/Position			
Tel No.			
Email			
How long have you supported the Carer?			
In what capacity?			
Statement :			
I have checked this form, added my comment above and confirm that it is an accurate reflection of the carers circumstances.			<input type="checkbox"/>
I understand that the panel may seek additional information from me			<input type="checkbox"/>
I have completed this application on the Carers behalf and confirm they are fully aware of the conditions applying to this grant.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signature		Date	

Sharing your information

Depending on the reason for processing your personal data, it may be shared with other organisations. For example, personal data may be shared, where necessary, with other organisations that provide support/advice services such as statutory bodies or not-for-profit groups. In such cases, the personal data provided is only the minimum necessary to enable them to provide services to you.

Some examples of who we might share your information with after informing you are:

- *Perth and Kinross Council*
- *NHS Tayside*
- *Other Third Sector support organisations*

We would only share this information if it was in your best interests and we would always make attempts to let you know that we are going to share this information.

Please return completed applications to:

Time2Live, PKAVS Carers Centre, Lewis Place, North Muirton, Perth, PH1 3BD

Or

Email at carersshortbreaks@pkavs.org.uk