**Small Grants for Carers Groups**

**Application Form**

***Please ensure you have read our Small Grants for Carers Groups Guidance document before completing this form***

1. **Carers Group Contact Details**

|  |  |
| --- | --- |
| Name of group |  |
| Date of application |  |
| Address where group meets (please include postcode) |
|  |
| Is your group facilitated or led by a volunteer or organisation? |  Volunteer / Organisation |
| If organisation, please give details |  |
| Named contact for the group |  |
| Telephone No |  | Mobile No |  |
| E-mail |  |
| Website |  |
| Social media link(s) |  |
| **The group contact details will be shared by Carers Matter Norfolk and accessible to the public in order to attract group members and gain you publicity. Do you give us permission to do this?** |  **Yes** **No** |
| Name and contact details of the facilitator (if different to named contacted listed above). |
|  |

1. **About your group**

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| Please indicate the number of people in your group who are:Current Carers aged 16+ caring for someone aged 18+ Parent Carers (Cared for aged under 18)  Other Carers Ex-Carers **Total number of group**  **members** More info on Carer type:  |
| What day do you meet? (e.g. the first Monday of the month) |  |
| How often do you meet? (e.g. weekly, monthly) |  |
| What time do you meet? (e.g. 10am – 12 noon) |  |
| Is your group for carers only OR carers and cared-for?  |  Carers only / Carers and Cared-for |

1. **Care Categories of Cared- For**
2. **Carer Support Provision**

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| Please summarise the work your group does, (for example social activities) and the support (such as advice and information) that you offer to carers |
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| Does your group support multiple or condition specific care needs? |
| Multiple Care Needs  |  |  Condition Specific Care Needs |  |  |
|  |
| If condition specific give details (e.g. Parkinson’s): |  |
| Tick box(es)of all care categories that apply: |
|  Dementia  |  |  | Mental health  |  |  | Sensory disability |  |  |
|  End of life care  |  |  | Older person/frailty |  |  | Substance misuse |  |  |
|  Learning disability  |  |  | Physical disability  |  |   | Other care needs |  |  |
|  If other please state: |
|  |  |  |

1. **Funding Requested**

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| Please enter the funding you are applying for, listing how this will be spent – for more space add rows or continue on a separate sheet. (Your group will be required to keep receipts to evidence all spending.)**Please give as much detail as you can**. Where possible show how you have arrived at overall figures. E.g. instead of writing “Rent £300”, add detail such as “Rent £25pcm x 12 months = £300” |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
| **Total funding requested:** | **£** |

1. **Other Funding Received**

|  |  |
| --- | --- |
| Does your group receive any other funding, including funding in kind (e.g. free meeting room)? | **Yes / No** |
| If yes, then please provide details. |
|  |
| Please also give details of how you have paid for these items in the past. |
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| Do you expect members to contribute financially? |
|  |

1. **Other Support (non-financial)**

 **Support request**

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| --- |
| Is there any other support that Carers Matter Norfolk can offer your Carers Group?  |
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| Would you like a Carer Connector to contact you? | **Yes / No** | If yes, prefer email / telephone |

 **Training Requests**

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| Carers Matter Norfolk are also offering education and awareness sessions to Carers Groups. These will be tailored to your group’s needs and can be delivered at your usual group meeting. Please list any education/awareness subjects that your group may require |
|  |

**Please return completed applications to:**Email – groupgrants@carersmatternorfolk.org

Post – Carers Voice Membership and Grants Officer,

Carers Matter Norfolk, St Clements House, 2 - 16 Colegate, Norwich, Norfolk, NR3 1BQ