|  |  |
| --- | --- |
| lcc50mmcol | NHS_LCCGP.eps |

**Grant for carers groups**

**2019/2020**

**Terms and conditions**

The ***grant for carers groups*** is administered by Carers Leeds on behalf of Leeds City Council and the NHS Leeds Clinical Commissioning Groups.

The purpose of a ***grant for carers groups*** is to help to set-up or maintain peer support groups that provide opportunities for mutual support for carers. Carers groups should be run by carers for carers and are expected to be able to run without any additional support from Carers Leeds.

A carer is someone who looks after a relative or friend who otherwise couldn’t manage without their help because of physical or mental ill-health, disability, sensory impairment or substance misuse. The care they provide is unpaid and as such this definition does not include someone who provides care professionally or through a voluntary organisation.

**Who can apply?**

Applications are welcomed from existing carers groups (groups that already meet) as well as new groups. All groups who apply must meet the following criteria:

* The group must be for carers who live in or care for people who live in Leeds
* The group must comprise of at least 6 carers
* The group must meet either face-to-face or by telephone conferencing, social networking or other electronic media
* The group must be prepared to provide evidence that they actively seek and welcome new members
* The group must have a designated bank account in its name
* The group must provide carers with one or more of the following
	+ Information and advice
	+ Trips or outings
	+ Training or learning
	+ Leisure activities
	+ Peer support

**How much can you apply for?**

The maximum each group can apply for is £300.

**What can the grant be spent on?**

The grant must be spent on support for carers that promotes their health and wellbeing. Funding cannot be used for activities for the persons being cared for. Examples of how the funding may be used include:

* Costs of hiring premises / refreshments
* To run a training course of pay for a guest speaker
* To run physical activities – e.g. walking club/dancing/drama
* To have a day trip or an event for carers
* Towards the costs of a carers information event

**How do you apply?**

Applications must be submitted using the ***grant for carers groups*** application form. You will be notified by Carers Leeds whether your application has been successful. If your application is successful payment will be made either by cheque or into the group bank account via the Bank transfer system (BACS)

**What do you have to do if you receive a grant?**

You must spend the grant in accordance with your application and you will be asked to complete a review form which will be sent to you around 6 to 9 months after your application has been approved. The review form will ask for information such as how many carers have benefited from the grant (including new carers), how the grant has been spent and what difference it has made for carers in the group.



|  |  |
| --- | --- |
|  |  |

**Grant for carers groups**

**2019/2020**

**Application form**

**Funded by**

**Leeds City Council & NHS Leeds Clinical Commissioning Groups**

**Administered by Carers Leeds**



|  |
| --- |
| **Please send your completed application form to:****info@carersleeds.org.uk****or post to Carers Leeds****6-8 The Headrow****Leeds****LS1 6PT** |

**Grant for carers groups: 2019/2020**

|  |  |
| --- | --- |
| **Name of your group** |  |

|  |
| --- |
| **Please tell us about the person who organises your group** |
| **Name**  |  |
| **Address** |  |
| **Postcode** |  |
| **Telephone Number** |  |
| **E-Mail Address** |  |

|  |
| --- |
| **Please tell us a little bit about your group** |
| **Are you a new or existing group?** |  |
| **How many carers attend your group?** |  |
| **When does your group meet?** |  |
| **Where does your group meet?** |  |
| **Please use this space to tell us about the things your group does** |

|  |
| --- |
| **Please tell us how much you are applying for** |
| **Amount requested**  | **£** |

|  |
| --- |
| **Please tell us what you will use the grant for** |
| **Please use this space to tell us what you will use the funding for and how it will help carers.** |
| **Cost** | **Description** |
| £ |  |
| £ |  |
| £ |  |

|  |
| --- |
| **Please provide your bank account details** |
| **Name of bank** |  |
| **Account name** |  |
| **Account number** |  |
| **Sort code** |  |

|  |
| --- |
| **Please tick each box to confirm that** |
| The funding will be used in accordance with the terms and conditions of the Time for Carers Grant for Carers Groups |  |
| You give Carers Leeds permission to pass details of your group to other carers who may be interested in joining your group |  |
| You will acknowledge that the funding is awarded by Carers Leeds on behalf of Leeds City Council and NHS Leeds Clinical Commissioning Groups in your publicity |  |
| **Signature** | **Date** |

|  |
| --- |
| **For Office Use Only** |
| **Date application received** |  |
| **Decision** | **Approved / Not Approved** |
| **Reason for non-approval** |  |
| **Date Notified** |  |
| **Date payment made** |  |