

SYC Activity Fund: Individual Application Form and Guidance Notes

What is the SYC Activity Fund?

This fund is to give a break and choice about how they take this break to:

- young carers* aged under 18 who live in Sheffield
- young people aged under 18 who are affected by drug or alcohol issues in their family (now or in the past)

**A young carer provides substantial unpaid care for a relative who has disabilities, long-term physical illnesses, mental health difficulties and/or drug or alcohol issues.*

The fund is currently administered by Sheffield Young Carers (SYC) on behalf of Sheffield City Council.

PLEASE NOTE: To avoid disappointing people, we want to make you aware that this fund is limited. Please provide as much information as possible and complete **all** sections of this form. Failure to do this may mean the application is unsuccessful. If you are not successful this time, you **can** apply again in the future.

Who can complete this form? If you are a young person who wishes to apply for this fund, please do not complete this form yourself. **This form MUST be completed by a professional** who is working with you and is familiar with your family situation. This could be your social worker, MAST worker, teacher, support worker, substance misuse worker, GP or another professional who works with you and/or your family.

The form must be completed together and then signed by:

- You (young person)
- The professional
- A parent or guardian aged over 18

If you do not have a professional who can do this with you, please ring Sheffield Young Carers on 0114 258 4595 to talk this through.

Who can apply for a grant? You can be considered for a grant if:

1. You live in Sheffield and are aged under 18**
2. You are **NOT** currently part of Sheffield Young Carers (SYC) or on the SYC waiting list (this is an alternative to the SYC service. We do **not** give grants to current SYC members or those on our waiting list as they are getting or will be getting a break through the SYC service)

Eligibility criteria continued over....

3. You are identified as:
- a. **a young carer** either by:
 - i. Having a Young Carers Assessment (copy **must** be attached) **OR**
 - ii. Being a member of Sheffield Young Carers (SYC) **in the past**
 - b. **a young person affected by drug or alcohol issues in your family** (by completing this form, the professional signing it is confirming that this is your situation)

4. You have not received this grant in the last two years

5. You will use the funding within the next six months (activities cannot be funded after they have happened).

** Carers aged over 18 can apply to the [Time for a Break](#) service from Sheffield Carers Centre.

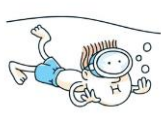
What kind of activities can be applied for?

We will consider any application which will give an eligible young person **a break from their caring or to help improve their wellbeing**. Examples include:

- Costs of activities to have a break e.g. swimming, gym membership, a spa/pamper day
- Transport to get to an activity
- Courses for leisure or personal development (e.g. driving lessons, art or music classes)
- Equipment that will help you take a break (e.g. a laptop/tablet, a Netflix or magazine subscription, a trampoline for the garden)
- A short break away, for example to a bed and breakfast or a caravan. In a case like this though, **the application MUST show how the young person will get a break if they are living with the person who has care needs / issues with drugs/alcohol.**
- For young carers:
 - The cared-for person going into respite while the young person takes a break at home or goes on holiday
 - Care workers going into the cared-for person's home to enable the young carer to go out or go on holiday
 - A relative travelling to Sheffield to care for the cared-for person while the young carer takes a break.

We are also very pleased to consider other, innovative breaks/activities.

Please note: For young carers, applications **must** make it clear how the cared-for person and the young carer will be safe and well looked-after whilst the breaks are taking place.



Please return this form to:

We cannot fund grants to pay for:

- Breaks/activities that are taken during school/college hours
- School/college equipment or school/college trips

How do decisions get made?

Three times per year, all applications are reviewed by a panel of trained young people. These panels are held in June, October and February. You can apply at any time and we will keep your application until the next panel date.

The **last application date** before each panel are available on our website:

www.sheffieldyoungcarers.org.uk/young-carers-activity-fund

How do I apply?

1. Please read these notes carefully to ensure that the young person is eligible to apply for a grant (see p.1).
2. Please return a signed copy of this form by post. We will email the professional who has filled it in to let them know we have received it and keep the form on file until the next panel takes place. **We recommend you keep a photocopy of this form, in case it gets lost in the post.**
3. We will contact you to let you know if you have been successful or not within three weeks of the application deadline.

What happens next?

Payments are made from Sheffield Young Carers via BACS straight into the bank account of the young person or their parent/guardian.

The young person/family must return all receipts within **10 days** of finishing their activity or break to Sheffield Young Carers (to the same address as applications).

Please note: You can apply to the SYC Activity Fund every two years but, if we do not get your receipts after your break, **you will not be able to apply again**. If you lose any receipts, please call us as soon as possible to talk this through.

Please return this form to:

PLEASE LEAVE THIS PAGE BLANK

Please return this form to:

SYC Activity Fund, Sheffield Young Carers, Sheaf Bank Business Park, Unit R7b, 20 Prospect Rd, Sheffield, S2 3EN
Any questions? ☎ 0114 258 4595 ✉ information@sheffieldyoungcarers.org.uk 🌐 www.sheffieldyoungcarers.org.uk

SHEFFIELD YOUNG CARERS: Activity Fund – Individual applications

For SYC Office use only

Application number:

Date received:

Date of panel:

Amount awarded (if any):

BACS payment date:

BACS ref:

SYC Activity Fund: Individual Application Form

Please write clearly:

THE INFORMATION ON THIS PAGE WILL NOT BE SEEN BY THE PANEL

ABOUT THE YOUNG PERSON

Name	
Address	
Telephone number	
Email address	
Date of Birth	

ELIGIBILITY – to apply for the grant you must be able to answer ‘Yes’ to all these questions (please tick):	Yes	No
1. The young person lives in Sheffield		
2. The young person is NOT currently part of Sheffield Young Carers (SYC) or on the SYC waiting list		
3. a. The young person is a young carer (this means they provide substantial unpaid care for a relative who has disabilities, long-term physical illnesses, mental health difficulties and/or drug or alcohol issues) AND/OR		
b. The young person is affected by drug or alcohol issues in their family		
If they are a young carer, this needs to be evidenced by either of these means:		
4. a. The young person used to be a member of Sheffield Young Carers AND/OR		
b. If they have never been a member of SYC, I have attached a copy of their Young Carers Assessment (copy must be attached)		
5. The young person will use the grant within 6 months		
6. Has the young person had an SYC Activity Fund grant in the last two years?		
7. Will the fund be used for school/college equipment or trips, or for activities that take place in school/college time?		
For office use only: If the young person has previously received the SYC Activity Fund, have they returned their receipts?		

Please return this form to:

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 Any questions? ☎ 0114 258 4595 ✉ information@sheffieldyoungcarers.org.uk 🌐 www.sheffieldyoungcarers.org.uk

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PARENT / GUARDIAN CONTACT DETAILS

Name	
Address	
Telephone number	
Email address	

PAYMENT

Please provide us with details of how we can make a payment to you if your application is successful. The account must be in the name of the young carer or parent/cared for person.

Name of Account Holder											
Name of Bank/ Building Society											
Roll number (if applicable)											
Sort Code	<table border="1"> <tr> <td></td><td></td> <td></td><td></td> <td></td><td></td> </tr> </table>										
Account number	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										

THE PROFESSIONAL COMPLETING THIS FORM

Name	
Role	
Organisation	
Address	
Telephone number	
Email address	

Please return this form to:

For SYC Office use only

Application no:

From this point forward until the last page, please do not include any names as these pages will be seen by the panel. Please use 'young person', 'mum', 'sibling' etc. instead.

Age of young person: _____

Family Relationships

	(e.g. their mum, grandmother, brother etc)
Who does the young person care for?	
If they are not in caring role, who's drug/alcohol use are they impacted by?	

For young carers: Which categories best fit the **cared-for** person's situation(s)? (please tick all that apply)

Physical illness	<input type="checkbox"/>	Substance misuse	<input type="checkbox"/>
Mental illness	<input type="checkbox"/>	Learning disabilities	<input type="checkbox"/>
Older people	<input type="checkbox"/>	Physical disabilities or sensory impairment	<input type="checkbox"/>

Condition / disability / family situation

Please describe the condition, disability or substance misuse of the family member and how this affects that person

Please return this form to:

THE IMPACTS OF CARE/FAMILY LIFE AND ACCESS TO BREAKS/ACTIVITIES

Please describe:

1. **Why** the young person needs a break from their caring responsibilities or to improve their well-being
2. **How** their caring or the family substance misuse impacts on them physically, emotionally, educationally and/or socially.

Please be as detailed as possible.

Continue on another sheet if needed

When did the young person last have a break?

This might mean a holiday, an educational course, a pampering weekend etc. Please specify how long ago (e.g. 1 year, 6 months, 1 month).

Does the young person attend any after-school or weekend activities?

If so, please give details and tell us how frequently they do them, e.g. once a week, monthly.

Does the young person get chance to play/go out with friends?

If so, please tell us how frequently, e.g. once a week, monthly.

Please return this form to:

ABOUT THE PROPOSED ACTIVITY

Describe the proposed activity answering all four points below:

1. **What** will be provided and by whom?
2. **Where** will the break / activity take place?
3. **When** will it happen and how often / long is it for?
4. **How** will it give them a break from their caring and/or improve their wellbeing?

Will the young person and cared-for person and/or the person using drug/alcohol be together for this break/activity? **YES / NO**

If yes, please explain how the young person will be getting a break? It is essential to show how the grant will enable the young carer to get a break, whatever activity they are applying for

If the family have care needs, please explain how the cared-for person will be safe and cared-for while the young person is accessing their break?

Please return this form to:

THE INFORMATION ON THIS PAGE WILL NOT BE SEEN BY THE PANEL**MONITORING INFORMATION**

To help us check whether our grant is reaching young carers of all ages and backgrounds, please tick as appropriate:

ETHNICITY (young person)			
Asian or Asian British:		Black or Black British:	
Bangladeshi		African	
Indian		Caribbean	
Pakistani		Any other Black background (write in)	
Chinese			
Any other Asian background (write in)			
Multiple heritage:		White:	
White and Black Caribbean		British/English/Welsh/Scottish/ Northern Irish	
White and Asian		Irish	
White and Black African		Roma, Gypsy or Traveller	
Any other dual/multiple background (write in)		Any other white background (write in)	
Arab		Prefer not to say	
Any other ethnic group (write in)			

LANGUAGE (young person)			
What is your main language?		If not main language, how well do you speak English?	
English		Very well	Well
Other (include dialect or sign) - (write in):		Not well	Not at all

RELIGIOUS BELIEF (young person)	DISABILITY (young person)
No religion	Mental health condition
Christian (includes: Church of England, Catholic, Protestant and all other Christian denominations)	Sensory impairment
Buddhist	Speech impairment
Jewish	Learning difficulty
Hindu	Learning disability
Muslim	Cognitive impairment
Sikh	Physical impairment
Agnostic	Long standing illness
I prefer not to say	I do not have a disability
Other religion / belief (write in):	I prefer not to say
	Other (write in)
GENDER IDENTITY (young person)	
Female	
Male	
Trans	
I describe myself in some other way (please write in this box)	
I don't want to say	

Please return this form to:

THE INFORMATION ON THIS PAGE WILL NOT BE SEEN BY THE PANEL

CONSENT SECTION

The professional completing this form: I am satisfied that the young person signing below meets the criteria for the SYC Activity Fund, that the proposed break will be of benefit to them, and that I am not aware of any unacceptable level of risk arising from the proposed break.

Signed: Date:
Print Name:

The young person and parent/guardian: I/we confirm that:

- I (the young person) want to apply for this break from caring or to improve my wellbeing
- We both agree to this break/activity taking place
- We will use this fund only for the activities detailed above
- This break/activity will not cause any unacceptable level of risk to either of us or anyone else. We know that SYC cannot be held responsible for any accident or loss which occurs during our break.
- We will produce all receipts to show how we have spent the grant.
- If we do not spend any or all of the grant, we will return any unspent money to Sheffield Young Carers.

Young person

Signed: Date:
Print Name:

Parent/guardian

Signed: Date:
Print Name:

At Sheffield Young Carers, we offer many things including:

- Someone to talk to
- Group activities and trips
- Chances for you to have a break and meet other people in similar situations
- Information and skills
- Help with education or employment
- Access to other services like counselling
- If you're a carer, help for the person you care for to make your life easier



Would you like us to contact you to tell you more about the support we offer? Yes No

Please return this form to: