

**OMICROM SUPPORT FUND APPLICATION**

If you are an unpaid carer for a family member or friend who due to illness, disability, mental health problems or an addiction is unable to support themselves, you could be eligible for either a Respite Voucher, to the value of 50 hours, or £500 towards food and fuel.

Please complete **ALL** sections of the form and return to

Julia Goddard at Making Space

Barnsley Carers Service

Priory Campus

Pontefract Road

Lundwood

Barnsley

S71 5PN

Email:-Julia.Goddard@makingspace.co.uk

**Applications will only be awarded to persons of greatest need, so please complete this form as fully as possible.**

**INCOMPLETE FORMS WILL NOT BE CONSIDERED**

|  |  |
| --- | --- |
| **Title** |  |
| **First Name** |  |
| **Surname** |  |
| **Address** |  |
| **Contact telephone number** |  |
| **Contact email address** |  |
| **Date of Birth** |  |
| **Name of the person Cared For** |  |
| **Condition/illness of the person Cared For**  |  |
| **In as much detail as possible, please outline the care needs you provide.** |  |
| **Name of organisation,****Name of referrer and****Telephone number** **Or** **Name and contact number of a Health or Social Care Professional, who can verify your role as an unpaid carer, eg GP, Adult Social Care**  |  |
| **Please provide us with as much information as possible to support your application, as to why you need either the Respite hours or the food and fuel payment.** **Respite** **Food and Fuel**  |  |
| **You will be notified in writing once the decision of your application has been made.****Please provide your bank details.**  | Name of bank-Name on account:-Sort Code:-Account number:- |

* I confirm that the information on this application form is correct
* I consent to my personal details included on this application form being shared with Making Space and Barnsley Council
* I understand that Barnsley Council may contact me about services for Carers

Name ………………………………………………………………………………………………………………………..

Signature ……………………………………………………………………………………………………………………

Date …………………………………………………………………………………………………………………………..

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| --- |
| **For Office Use Only** |
| **Date assessment form received by BCS-**  |
| **Eligibility for £500 or Respite voucher yes/no** |  |
| **If no, date letter sent to carer explaining reason for refusal** |  |
| **Date contact made with carer to inform of outcome of assessment** |  |
| **Date payment processed** |  |