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**Hull Young Carers Wellbeing Grant 2024/25**

**APPLICATION FORM**

**This application form must be completed by a supporting professional and young carer**

**Please read these guidance notes before you complete the application form,** they will help you understand the application process, and what can and cannot be funded.

**The Young Carers Wellbeing Grant**

Hull City Council and NHS Humber and North Yorkshire Integrated Care Board award non-statutory small grants to young carers living in Hull. This is to ensure their wellbeing is supported, they have the opportunity to focus on their own wellbeing away from their caring role and to achieve the best possible outcomes.

The aim of the Young Carers Wellbeing Grant is to support Hull young carers in any of the following:

• Look after their own health and wellbeing

* Improve their quality of life

• Have an increased sense of empowerment and choice over their own lives

Your application **must** be supported by a professional who understands and can confirm your caring role within your family and the impact it has on you.

For example this could be a:

* Young Carer’s Youth Worker
* Social Worker
* Keyworker
* Early Help Worker
* Youth Worker
* School/College/Education professional
* Health professional

**Please note**; If you don’t have a professional who could support your application, please e-mail The Young Carers Project at [TheYoungCarersProject@hullcc.gov.uk](mailto:TheYoungCarersProject@hullcc.gov.uk) who might able to offer support.

**Can I apply?**

* Are you a young person aged **between 5 and 17 years old and living in Hull**? (must be under 18)
* Do you provide **care, assistance, or support to another family member** who has a long-term illness; disability; mental health difficulties or problems with drug or alcohol misuse? (e.g. practical, emotional or personal care). The person you care for may be a parent, a sibling, grandparent, or other relative.

**How much is the Young Carers Wellbeing Grant?**

You can apply for an individual grant of £300 every 12 months.

**What types of things will the Young Carers Wellbeing Grant fund and where can I spend it?**

The grant is for **you alone**, to spend it on something which will benefit your wellbeing. Applications are only considered for individual young carers and cannot be combined with another application. Your application is approved by a team who want to make sure the grant is right for you.

The Young Carers Wellbeing Grant can be spent using Virtual Wallet which supports NHS organisations and local authorities to deliver grants. Virtual Wallet lists a wide range of local and national providers and retailers where the grant can be spent. For more information, please visit.

<https://www.myvirtualwallet.co.uk/hullyoungcarers>

**Below are some examples of retailers available on the Virtual Wallet and what you can use the grant for:**

|  |  |
| --- | --- |
| **List of retailers;**   * Amazon * The Entertainer * Argos * Virgin Experience Days * Ticket Master * Halfords * Currys PC World | **What you can buy;**   * Gym membership * Art and Crafts * Photography equipment/lessons * Bike * Music equipment/lessons * Annual Theatre or Cinema pass * Laptop/tablet |

\* Please note that in exceptional circumstances there could be alternative options if the activity or item you wish to purchase is not listed or available in the Virtual Wallet marketplace. Please contact [youngcarersgrants@hullcc.gov.uk](mailto:youngcarersgrants@hullcc.gov.uk) for further information.

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| **Types of things we can’t fund**   * Two people cannot join their grants together to fund something – for example if you and a brother/sister also are successful in an application. * We cannot fund any debt, ongoing costs or any items which have already been ordered or purchased. * Any activity that should be already provided from somewhere else is not normally considered e.g. - Respite care or Day care (Hull City Council); Increase to personal care packages that would result in ongoing provision (Hull City Council) * A holiday/trip abroad * Something for someone else – it must be for you, as a young carer.   **If you need support for any of these things, please contact Adult Services Tel: 01482 300300** |

**The application process**

The application form is in three separate parts. **You and your supporting professional must complete all three sections together.**

**Part one** is about you, the young carer. We would also like to know how your supporting professional knows you and why they support your application. Your supporting professional must declare that they have completed the application by signing the application form at the bottom of this section.

**Part two** is for you, the young carer to tell us who you care for and how the wellbeing grant will be used and the difference it will make to you.

**Part three** is a short assessment which looks at what type of help and support you have given over the last month to care for someone.

**All three parts of the application form must be completed in full. The application form must be signed and dated by you, your family, and your supporting professional to confirm you understand and will comply with the grant terms and conditions, (Applications from young carers 16 and over do not require parental/carer consent)**

**How do I apply and submit my application?**

Please visit the **hull.mylocaloffer.org** webpage and search: **Young Carers Wellbeing Grants**

Download the application form and complete it with your supporting professional.

Applications to the Hull Young Carers Wellbeing grant will only be accepted from a supporting professional’s e-mail address. Once completed, your supporting professional must submit the application on your behalf via e-mail to [**youngcarersgrants@hullcc.gov.uk**](mailto:youngcarersgrants@hullcc.gov.uk)

**Is there a deadline for applications?**

Yes - Applications for young carers wellbeing grants are open each quarter of the year and must be submitted by the deadline below.

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| --- | --- | --- |
| **Quarter** | **Deadline** | **Outcome by** |
| **1** | **Tuesday 11th June 2024** | **Friday 28th June 2024** |
| **2** | **Tuesday 3rd September 2024** | **Friday 27th September 2024** |
| **3** | **Tuesday 26th November 2024** | **Friday 13th December 2024** |
| **4** | **Tuesday 4th March 2025** | **Friday 21st March 2025** |

**What happens next?**

Once your application has been received, this will be reviewed by the Hull Young Carers Wellbeing Grant panel which is made up of representatives from the NHS and the Local Authority. This meeting takes place shortly after the application deadline. Your supporting professional will be contracted by email the outcome of your application.

If your grant is successful, you/and your parent/guardian will be contacted via e-mail by the Virtual Wallet team to set up your Virtual Wallet account. Once this is set up, your grant award of £300 will be uploaded and ready for you to spend on items or activities in the Virtual Wallet market place\*

A Young Carers Wellbeing Grant feedback form will also be sent out to the e-mail address listed on your application form. Please complete this with your parent/guardian and return it to [youngcarersgrants@hullcc.gov.uk](mailto:youngcarersgrants@hullcc.gov.uk) as this helps us to see the difference the grant has made to you.

If your application is unsuccessful, your supporting professional be notified and you will receive information detailing the reasons for the decision, this will include information on how to appeal.

**Grant Terms and Conditions**

**Please be aware of the following terms and conditions once a successful grant has been awarded;**

* Only **one** successful grant will be awarded within a 12 month period for each individual young person. Joint applications will not be accepted.
* Please **complete and return the** **Young Carers Wellbeing Grant feedback** monitoring form to show how the grant has been used and the difference it has made to your life within 6 months of the grant award.
* You/parents/guardians are required to **upload receipts** totalling £300 to the Virtual Wallet to show what items have been purchased against your application.
* Future annual grant applications may not be considered unless:
  + All receipts to the total of £300 have been uploaded to Virtual Wallet within 6 months of the grant being awarded.
  + The Young Carers Wellbeing Grant feedback monitoring form had been completed and returned.
  + The items purchased are not the ones originally requested on your application form (unless a change has been approved by grant panel members

Please note when a young carer reaches 16, they will need to give their own consent for their personal data to be collected and stored

**If you have any further questions or would like any additional information about the Young Carers Wellbeing Grant then please visit** **[www.virtualwallet.co.uk/hullyoungcarers](http://www.virtualwallet.co.uk/hullyoungcarers) or e-mail** [**youngcarersgrants@hullcc.gov.uk**](mailto:youngcarersgrants@hullcc.gov.uk)

**Hull Young Carers Grant Application form 2024/2025**

**PART ONE: To be completed by a supporting professional and young carer together.**

|  |  |
| --- | --- |
| **About the young carer** | |
| **Name** |  |
| **Address** |  |
| **Postcode** |  |
| **Contact Telephone** |  |
| **Contact E-mail** |  |
| **Date of Birth** |  |
| **Gender** | 🞏 Female 🞏 Male 🞏 Gender Neutral 🞏 Transgender  🞏 Prefer not to say 🞏 Other (please state below) |
| **Ethnic Group** | 🞏 White 🞏 Mixed 🞏 Asian 🞏 Black  🞏 Prefer not say 🞏 other (please state below) |
| **School/College/**  **Education Setting** |  |

|  |  |
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| **About the supporting professional** | |
| **Name** |  |
| **Job Title** |  |
| **Organisation** |  |
| **Contact Telephone** |  |
| **Contact E-mail** |  |
| **Reason for your involvement and why you support this application** |  |
| **Confirmation** | I confirm I have completed this application form with the young carer.  **Signed …………………………………. Date: ……………………….** |

**PART TWO: To be completed by supporting professional and young carer together**

|  |  |
| --- | --- |
| **About the person you care for** | |
| **Their name** |  |
| **Their relationship to you** |  |
| **Their date of birth** |  |
| **Their home address**  **(if different to yours)**  **Postcode** |  |
| **Does the person you look after have a disability or long term illness**  🞏 Yes 🞏 No | |
| **Please tell us about the disability or long terms illness of the person you care for?** | |
| **Is the person you care for affected by drugs/alcohol?** | 🞏 Yes 🞏 No |
| **Tell us in this space how you help care for the person?** *(e.g. personal care, emotional support, physical support)* |  |
| **How does the caring role affect your life?**  *(e.g. stops you from doing certain things)* |  |
| **What would you like to spend the wellbeing grant on?** |  |
| **If you receive this grant, what difference will this make to you?** |  |

**PART THREE: To be completed by supporting professional and young carer together**

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| **Multidimensional Assessment of Caring Activities (MACA-YC18)**  The Multidimensional Assessment of Caring Activities is a questionnaire to be completed by young carers to identify the total amount of caring activity undertaken by a child or young person:   1. Domestic tasks, 2. Household management, 3. Personal care, 4. Emotional care, 5. Sibling care, and 6. Financial/ practical care.  How to use the MACA-YC18 Care has been taken to ensure that the wording is appropriate for most children and young people. When it is necessary to provide explanations, this should be carried out by the supporting professional. We do not recommend that the MACA-YC18 be completed in the presence of the person who is being cared for. Young carers’ responses on the MACA-YC18 should always be treated in confidence and used in line with an appropriate professional Code of Ethics and within an organisation’s child protection and confidentiality policies.  **Below are some jobs that young carers do to help.** Think about the help you have provided **over the last month.** Please read each one and put a tick in the box to show how often you have done each of the jobs **in the last month.**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Question** | **Never**  **0** | **Some of the time 1** | **A lot of the time 2** | | **1** | Clean your own bedroom |  |  |  | | **2** | Clean other rooms |  |  |  | | **3** | Wash dishes or put dishes in a dishwasher |  |  |  | | **4** | Decorate rooms |  |  |  | | **5** | Take responsibility for shopping for food |  |  |  | | **6** | Help with lifting or carrying heavy things |  |  |  | | **7** | Help with financial matters such as dealing with bills, banking money, collecting benefits |  |  |  | | **8** | Work part time to bring money in |  |  |  | | **9** | Interpret, sign or use another communication system  for the person you care for |  |  |  | | **10** | Help the person you care for to dress or undress |  |  |  | | **11** | Help the person you care for to have a wash |  |  |  | | **12** | Help the person you care for to have a bath or shower |  |  |  | | **13** | Keep the person you care for company  e.g. sitting with them,  reading to them, talking to them |  |  |  | | **14** | Keep an eye on the person you care for to make sure they are alright |  |  |  | | **15** | Take the person you care for out e.g. for a walk or to see friends or relatives |  |  |  | | **16** | Take brothers or sisters to school |  |  |  | | **17** | Look after brothers or sisters whilst another adult is near by |  |  |  | | **18** | Look after brothers or sisters on your own |  |  |  | |

|  |  |
| --- | --- |
| **Have you applied for a grant before?** | 🞏 Yes 🞏 No |
| **If yes, when did you apply and what did you spend the grant on?** |  |
| **If yes, have you uploaded your receipts and completed your feedback form?** | 🞏 Yes 🞏 No |
| **Where did you hear about the Hull Young Carers Wellbeing Grant?** |  |
| **Do you receive support from the Hull Young Carers Project** | 🞏 Yes 🞏 No |
| **In no, would you like someone to contact you about what support?** | 🞏 Yes 🞏 No |

**SIGNATURES AND GRANT TERMS AND CONDITIONS**

I/we understand and agree that: **Please tick each box**

□ I/we the young carer/parent/guardian, agree to spend the Hull Young Carers Wellbeing grant only for the purposes outlined in my application form.

□ Hull City Council will reclaim all or part of the grant if it is not wholly used for the purpose intended.

□ To use the Virtual Wallet Market Place to spend the Hull Young Carers Wellbeing Grant Award and agree to the terms and conditions outlined by Virtual Wallet when setting up the account.

□ I/we agree that where the grant includes an amount towards purchase of equipment, the equipment must not be sold or otherwise disposed of without the prior written permission of Hull City Council.

□ I/we agree to complete and return the Hull Young Carers Wellbeing Grant feedback form within 6 months to say how the grant has been used and the difference it has made to me the young carer.

□ To upload or provide hard copies of receipts to the Virtual Wallet Market Place within 6 months of receiving the award

**DATA SHARING INFORMATION DECLARATION**

**HULL CITY COUNCIL AND NHS HULL**

We need to collect and store your personal data to enable us to deliver this grant application. This is defined as a legitimate interest. For more information on how we manage your data please see our privacy statement at: <https://www.hull.gov.uk/help/privacy-notices/privacy-notice-%E2%80%93-targeted-youth-support>

The information you have provided on this application will be shared at the time of decision making with Hull City Council and NHS Hull. This information will help to assist in future planning and development of services for Young Carers in Hull. Non-personal information will be shared with NHS Hull for monitoring purposes only.

We will keep the information on this application form until you the young carer are no longer eligible for this grant or the grant ends. Your personal information will then be archived and then disposed of following our Data Retention and Destruction Policy (copy available upon request).

**Data sharing and contact consent - Please read the following statements and tick to confirm your agreement or leave BLANK if you DO NOT consent.**

I agree that Hull City Council and NHS Humber and North Yorkshire Integrated Care Board can;

**□ Share or seek information with professionals or outside agencies with regard to matters relating to this application. I can withdraw this permission at any time.** Every effort will be made to support, inform, consult and work in partnership with young carers and parents. However, we can disclose information without prior consent of young carer/parent if we believe a child or young person is at risk or likely to be at risk of significant harm. We will disclose information to the Local Authority safeguarding team or the Police without consent if it is believed to be in the best interest of the child. We will not share information with a parent if this would put the child/young person at risk of significant harm. Any decision to share information without consent will be agreed by the designated safeguarding lead.

**I/we confirm to the terms and conditions of the Hull Young Carers Wellbeing Grant and to the data sharing to process grant applications.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Young Carers Name** |  | | |
| **Young Carers Signature** |  | **Date** |  |
| **Parental/Carer Consent for young carers under 16 years old** | | | |
| **Parent/Carer Name** |  | | |
| **Parent/Carer Signature** |  | **Date** |  |