Time to Live (TTL) grants help carers take short breaks from caring.

You can decide what type of break you want to take, for example it might be a weekend away, therapy sessions or driving lessons. Please be specific. The maximum TTL grant awarded is **£300**.

To apply for a TTL grant you must meet certain conditions and apply through Borders Carers Centre.

**Who can apply?**

You can apply for TTL grant for a short break if:

* You are an unpaid carer, inclusive of Parent Carer, Young Adult Carer
* You are a young carer (up to the age of 18) who cares for children or adults
* You or the person you care for live in the Scottish Borders
* You haven’t had a TTL grant within the last **18 months**

TTL can’t be used:

* For breaks that should be provided by statutory services
* For breaks that have already been booked or taken

Please consider there may be other or more appropriate grants available to you:

* If you have been in the Armed Forces.
* If you require specialist equipment suitable for your circumstances

Call us on 01896 752431 for information

**How to apply?**

If you meet the conditions to apply for a TTL grant, please complete the application form enclosed.

If you need any help with your application, please call us on 01896 752431.

Your Keyworker at the Centre can support you to do this and can be identified as your referee.

Your completed application form must be submitted to us, labelled ‘Time to Live Application’.

* Hand to your Keyworker at the Centre or via your Keyworker at the Centre
* Email to [admin@borderscarers.co.uk](mailto:admin@borderscarers.co.uk). Please label ‘TTL application’ in the subject line
* Post to Borders Carers Centre, Brewerybrig, Low Buckholmside, Galashiels TD1 1RT

**What happens next?**

Upon receipt of your application we will:

* Check that you are eligible for a TTL grant
* Check that we have all the information we need from you
* Contact the referee you have named in your application, if necessary
* Forward your application to the TTL panel for a decision of an award

Should your application be approved by the panel we will make contact with you. We will request your bank details at this stage and inform you of the date you can expect payment to your account via bank transfer.

The TTL fund is restricted to a certain amount, which limits the number of applications that can be awarded, therefore the panel will give priority to carers that

* Have not already received funding for a break and
* Cannot fund a break from caring themselves.

The panel’s decision is final.

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| **1** | | **Information about you, the carer** | | | | | | | | | | | | | | | | | | | | | |
| **Name**  In full | | | | |  | | | | | **Date of Birth/Age** | | |  | | | **Ethnicity** | | | | Choose an item. | | | |
| **Address**  Including postcode | | | | |  | | | | | | | | | | | | | | | | | | |
| **Contact Numbers** | | | | |  | | | | | **Email address** | | |  | | | | | | | | | | |
| **Is Application within 3 months of a Referral date to BCC** | | | | | | | | | | | **YES** | | | |  | | | **NO** | | |  | | |
| **Please tick which is the most appropriate criteria to your caring responsibilities** | | | | | | | | | | | | | | | | | | | | | | | |
| I am a Parent Carer (person you care for is under 18 yrs) | | | | | | | | | | | | | | | |  | | | | | PC | | |
| I am a carer for someone aged 19 - 64 | | | | | | | | | | | | | | | |  | | | | |  | | |
| I am a carer for an older person aged 65 or over | | | | | | | | | | | | | | | |  | | | | | OA | | |
| I am a young carer (up to age 18) who cares for children or adults | | | | | | | | | | | | | | | |  | | | | | YC | | |
| I am young adult carer aged between 18 and 30 years | | | | | | | | | | | | | | | |  | | | | | YAC | | |
| **Please tell us about your caring role and how it affects your life?** | | | | | | | | | | | | | | | | | | | | | | | |
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| **2** | | **Information about the person you care for** | | | | | | | | | | | | | | | | | | | | | |
| Relationship(s) to Carer | | | | | | | | |  | | | | | | | | | | | | | | |
| What is their **date of birth(s)/age(s)**? | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | **YES** | | | | | | | **NO** | | | | | | | |
| Does the person(s) you care for live with you? | | | | | | | | |  | | | | | | |  | | | | | | | |
| How many hours (approximately) do you care for them a week | | | | | | | | |  | | | | | | | | | | | | | | |
| **Does the person(s) you care for have any of the following conditions?** Mark with an ‘X’ to all that apply | | | | | | | | | | | | | | | | | | | | | | | |
| Alcohol / substance addition | | | | | |  | Autism | | | | |  | | Dementia | | | | | | | | |  |
| Learning disability | | | | | |  | Long term illness  disease or condition | | | | |  | | Mental illness | | | | | | | | |  |
| Physical disability | | | | | |  | Sensory impairment | | | | |  | | Other condition | | | | | | | | |  |
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| **3** | | **Information about your break** | | | | | | | | | | | | | | | | | | | | | |
| **Please tell us the total cost of your break and provide a breakdown of the total cost**.  Unfortunately the maximum of any award may not cover all costs included in your breakdown | | | | | | | | | | | | | | | | | | | | | | | |
| **Grant Required £000** (a maximum applies) | | | | | | | | | £ | | | | | | | | | | | | | | |
| **What are you requesting the funds to be used for?** | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please tell us why you cannot fund this break yourself?** | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please tell us about your break from caring** | | | | | | | | | | | | | | | | | | | | | | | |
| Why do you need a break? | | | | | | | | | | | | | | | | | | | | | | | |
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| What will you do? Where will you be, and how long for? | | | | | | | | | | | | | | | | | | | | | | | |
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| Will the person(s) you care for be accompanying you on your break? | | | | | | | | | | | | YES | | | | |  | | NO | | |  | |
| If NO please complete question below: | | | | | | | | | | | | | | | | | | | | | | | |
| How will the person you care for be supported in your absence? | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please tell us how the break will help you** | | | | | | | | | | | | | | | | | | | | | | | |
| Improve your physical & emotional well-being? | | | | | | | | | | | | | | | | | | | | | | | |
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| Improve physical & emotional well-being for the person you care for? | | | | | | | | | | | | | | | | | | | | | | | |
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| Help you to sustain your caring role? | | | | | | | | | | | | | | | | | | | | | | | |
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| Help you to better balance your caring role with a life outside of caring? | | | | | | | | | | | | | | | | | | | | | | | |
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| Help you to deal with the effects caring has on your other relationships? | | | | | | | | | | | | | | | | | | | | | | | |
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| **4** | | **Information about your referee** | | | | | | | | | | | | | | | | | | | | | |
| **Name**  In full | | |  | | | | | **Designation &**  **organisation** | | | |  | | | | | | | | | | | |
| **Telephone** | | |  | | | | | **Email** | | | |  | | | | | | | | | | | |
| How do they know you? | | | | | |  | | | | | | | | | | | | | | | | | |
| **For Referee** This section requires completion by referee | | | | | | | | | | | | | | | | | | | | | | | |
| How long have you known the carer? | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | **YES** | | | | | | | **NO** | | | | | |
| Have you applied to other funding providers for this break? | | | | | | | | | | |  | | | | | | |  | | | | | |
| Please give details and reasons / outcome from your answer? | | | | | | | | | | | | | | | | | | | | | | | |
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| **5** | **Agreement to Terms & Conditions** | | | | | | | | | | | | | | | | | | | | | | |
| I, the carer, confirm that the information I have given is correct. I give my permission for it to be shared with the Time to Live panel.  If the TTL panel awards my grant, I agree to complete a review of my break to demonstrate how it has helped me in my caring role.  *We may ask you whether you would be willing to share your experience so that other carers understand how TTL might help them. We can tell your story without naming you, if necessary, for example to protect a child’s identity.*  If my plans change, I will contact Borders Carers Centre to discuss this.  I am aware that I may be asked to return the funds if they are not used for the intended purpose, as presented to the panel, in this application. | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature**  &  **Name** in print | | | |  | | | | | | | | | **Date** | | | | Click or tap to enter a date. | | | | | | |
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| **6** | **Data Protection Statement** | | | | | | | | | | | | | | | | | | | | | | |
| The information collected on this form will only be   * used to process your TTL grant application * shared with those involved in processing your application   If you are not already registered as a carer with the Borders Carers Centre, we may contact you to ask whether you would like to be, as you may be entitled to further support from us. | | | | | | | | | | | | | | | | | | | | | | | |
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