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**TIME TO LIVE APPLICATION FORM 2025-2026**

Date of Application:

Name of Carer:

Address:

Postcode: Telephone No:

Email:

Date of Birth:

Name of cared for person:

Address:

Postcode: Telephone No:

Their Date of Birth:

Their disability or illness:

Relationship to cared for person:

Do you live with the cared for person:

Does anyone else help with the caring:

How do you support the person that you care for and what tasks do you do?

Do you receive any respite: *(Crossroads, day centre, residential)*

Are you able to undertake your caring role alongside any other employment?

Have you applied for or been awarded any other grant for a short break in the last 12 months?

If yes, please provided details:

If successful on application, what would you like to spend the grant funding on?

Name of Carer (Printed)…………………………………………………………………….

Signature of Carer....................................................................................Date..................................

For Office use only

|  |  |
| --- | --- |
| Date form received |  |
| Date discussed by panel |  |
| Funding awarded/declined |  |
| Amount agreed by panel |  |
| Discussion held with applicant |  |
| Date paid to applicant |  |