

**Carers Wellbeing COVID Fund – Carer Application**

Please complete and email to [enquiries@andovermind.org.uk](mailto:enquiries@andovermind.org.uk) or post to the address below.

Would you like further information support from Carer Support and Dementia Advice Service? YES/NO

NB. To process your application we will upload your details to our records.

**Carer Details**

Name:

Address:

Postcode :

Telephone Number

Email Address:

District/ Borough Council area:

Gender: Ethnicity:

Carer age: Carer DOB:

GP Practice:

**Cared For Details**

Name:

Address:

Postcode:

Primary health need of Cared For person

Gender: Ethnicity:

Cared for age range : Cared For DOB:

GP Practice:

Description of funding required:

Amount requested £\_\_\_\_\_\_\_\_\_\_\_ Awarded £\_\_\_\_\_\_\_\_\_\_\_

Panel sign off (if over £300)

Background Carer/ family information - Please tell us a bit about your role as a carer

**For office use only:**

Amount awarded £\_\_\_\_\_\_\_\_\_\_\_

Panel sign off (if over £300) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Outcomes for carer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Feedback from carer (if appropriate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Carer Support Worker name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Carer Organisation sign off \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Once completed please email to [enquiries@andovermind.org.uk](mailto:enquiries@andovermin.org.uk)

Or post to Carer Support and Dementia Advice Service

Andover Mind

Westbrook Close

South Street

Andover

SP10 2BN