**YOUNG CARER TRANSITION GRANT   
2019 APPLICATION FORM**

Please refer to the guidelines before completing this application.   
Please print clearly and complete all questions. Letters of Support are required to be attached to the completed application. Completed forms are to be returned by Friday 29 November 2019.

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| **PART 1 – YOUNG CARER INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Young carer name:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Age:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Suburb:** | | | | | | | | | | | | | | **Post code:** | | | | | | | | | | | | | | |
| **Phone:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Email address:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you wish to receive information from Carers Victoria electronic newsletter (Voice)? | | | | | | | | | | | | | | | | Yes | | | No | | | | Already subscribed | | | | | |
| **If you are under 18 - Does your parent or guardian know that you are applying for this grant?** | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No | |
| **If no, please explain:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How did you find out about the Young Carers Grant Program?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| School | | | | | Case Worker | | | | | | | | | Website | | | | | | | Carers Victoria | | | | | | | |
| Other | | | | | Please specify: | | | | | | | | | | | | | | | | | | | | | | | |
| **PART 2 – YOUR STUDY / CAREER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you plan to study a course in 2020?** | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No | |
| **Have you been accepted into this course?** | | | | | | | | | | | | | | | | Yes | | | No | | | | Awaiting Offer | | | | | |
| **What course will you be studying?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **At which institution will you be studying?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you plan to work in 2020?** | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No | |
| **What is your work status?** | | | | | | | | | | | | | | | | Full Time | | | Part time | | | | Casual | | | | | |
| **At what company will you be working?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What is your title at work?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PART 3 – CARING AND YOU** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PERSON 1** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Who do you care for?** | | | | | | | | | Mum | | | Dad | | | | | | Brother/sister | | | | | | Other | | | | |
| **What is their condition type?** | | | | | | | | | Disability | | | Mental illness | | | | | | Aged | | | | | | Illness | | | | |
| **What is their condition?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How long have you been caring for this person?** | | | | | | | | | Less than 1 year | | | 1–2 years | | | | | | 2–5 years | | | | | | 5 + years | | | | |
| **PERSON 2** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Who do you care for?** | | | | | | | | | Mum | | | Dad | | | | | | Brother/sister | | | | | | Other | | | | |
| **What is their condition type?** | | | | | | | | | Disability | | | Mental illness | | | | | | Aged | | | | | | Illness | | | | |
| **What is their condition?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How long have you been caring for this person?** | | | | | | | | | Less than 1 year | | | 1–2 years | | | | | | 2–5 years | | | | | | 5 + years | | | | |
| **If you care for more than two people, please attach additional details on a separate page.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are you the main carer?** | | | | | | | | | | | | | | | | | | Yes | | | | | | No | | | | |
| **Please explain the times when you are a carer:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please explain your responsibilities as a carer**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are you also responsible for any siblings who do not have an illness or disability?** | | | | | | | | | | | | | | | | | | Yes | | | | | | No | | | | |
| **Sibling 1 (name and age):** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Sibling 2 (name and age):** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Sibling 3 (name and age):** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **PART 4 – SUPPORTS YOU RECEIVE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Have you been awarded a Young Carer Bursary in 2019?** | | | | | | | | | | | | | | | | | | Yes | | | | | | No | | | | |
| *If yes, you are ineligible for a Young Carer Transition Grant* (online application from <http://bursaries.youngcarers.net.au/>) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are you personally receiving services and support from Carers Victoria or another organisation?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Yes – Funding Support (not including Centrelink – to cover costs of school expenses or social activities) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Yes – Personal Support (Case Worker, Counselling or Group activities) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please describe the support that you receive? (e.g. assistance with fees, books, other school costs, activities, tutoring or respite support):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is family receiving services or supports from any other organisation and/or worker?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Yes – Funding Support (not including Centrelink – to cover household expenses, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Yes – Personal Support (Case Worker, Counselling or Group activities) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please describe the support that your family receives?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PART 5 – GENERAL QUESTIONS ABOUT YOU & YOUR FAMILY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Where do you live?** | | | | | | | | Live alone | | | | | | | | | | Live with friends | | | | | | | | | | |
| Live with both parents | | | | | | | | | | Live with one parent | | | | | | | | | | |
| Other **Please specify:** | | | | | | | | | | | | | | | | | | | | |
| **Family income**  *(Please tick all applicable)* | | | | | | | | Centrelink only | | | | | | | | | | More than one part-time wage | | | | | | | | | | |
| One part-time wage | | | | | | | | | | More than one full-time wage | | | | | | | | | | |
| One full-time wage | | | | | | | | | | Other, **please specify:** | | | | | | | | | | |
| **Are there additional costs to the family because of your care situation?** *(please select all applicable)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medication | | | | | Equipment | | | | | | | | Specialists | | | | | | | | Other, please specify: | | | | | | | |
| **Cultural background** *(Please tick any that apply)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | **Parent(s)** | | | | | | | | **Young carer** | | | | | | | |
| Aboriginal and/or Torres Strait Islander | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | |
| Born overseas | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | |
| I identify strongly with my parents’ culture | | | | | | | | | | | | | NA | | | | | | | |  | | | | | | | |
| **PART 6 – TRANSITION GRANT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please tell us about what your caring role involves?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How does being a carer impact on your school, work and daily life?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What would you like to do with the Grant?**  *(Grants are up to $5000.) Please provide cost estimates for each item.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If the amount requested is NOT the full price, how will you cover the balance of the cost?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How would being a recipient of the 2019 Young Carer Transition Grants help you?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are you willing to help us raise awareness of young carers by telling your story for our publications and media?** | | | | | | | | | | | | | | | | | | Yes | | | | | | | No | | | |
| **PART 7 – PAYEE DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If your application is successful this section will need to be completed by the person the grant money is to be paid to. Grant Funds will be then be directly deposited into the bank account provided. Completion of this section is not required at this stage.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **The Young Carer Grant is to be paid into the bank account of (payee):**  Young Carer  Young carer’s parent/guardian  Business/School  Other  *If the grants is to be paid into the bank account of a business or school, please ensure they are aware of this application and are clear of the product or service the funds will cover.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of payee:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **School/business (if applicable):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Suburb:** | | | | | | | | | | | | | | **Post code:** | | | | | | | | | | | | | | |
| **Phone:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Email address:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of bank account (young carer, parent or business/school/other official account name):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **BSB Number:** | | | | | |  | | | |  |  | | | – | | |  |  | |  | |  | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Bank Account Number:** | | | | | |  | | | |  |  | | |  | | |  |  | |  | |  | | | |  | |  |
| **ABN (if applicable):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Payee signature:** | | | | | | | | | | | | | | | **Date:** | | | | | | | | | | | | | |
| **PART 8 – PRIVACY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Carers Victoria respects your right to privacy and protects the personal information we collect in line with the Australian Privacy Principles. We collect personal information to respond to your request for services, assistance, to transact other business and to advance the cause of carers and caring. Our Privacy Policy may be viewed at [www.carersvictoria.org.au](http://www.carersvictoria.org.au). ARBN: 143 579 257 INC: A0026274M | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PART 9 – AGREEMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | I agree to attend the Young Carer Transition Grant Ceremony to accept my grant. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | I agree that the information provided in this application is true and accurate at the time of completing this application. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | I agree that the grants funds obtained will be utilised for the purposes stated. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | I consent to Carers Victoria giving my name and relevant application information to the person I have nominated as the payee if my application is successful. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | I consent to Carers Victoria giving my name, contact details and information regarding my caring situation to local carer services so they can contact me to offer support. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | I consent for this application to be made available to the Selection Panel and appropriate Carers Victoria staff members subject to Carers Victoria’s Privacy and Confidentiality Policies. Information will be used to report to funders and relevant interested parties, but all information will be de-identified. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Young carer’s signature:** | | | | | | | | | | | | | | | **Date:** | | | | | | | | | | | | | |
| **Signature of parent or guardian (if young carer is under 18 years):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **APPLICATION CHECKLIST** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **To ensure that we can process your application efficiently, please check the following:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | I have read the *Young Carer Transition Grant Guidelines*. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | All sections have been completed correctly including bank details. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | I have signed and dated the Agreement (Part 9). | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | I have attached Letters of Support. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | I have attached quotes and estimates for all expense items. | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **WHAT HAPPENS NEXT?** |
| Please mail your completed application form to:  **Kate Topp**  **Young Carer Transition Grant Program**  **PO Box 2204**  **Footscray VIC 3011**  Applications close Friday 29 November 2019.  Notifications and payments will be made in late December. Successful applicants will receive notification of the awards ceremony at this time. |
| **QUESTIONS?** |
| Please refer to the Young Carer Grant Guidelines. If you have further questions, please contact:  Carers Victoria on 1800 514 845 or email [events@carersvictoria.org.au](mailto:events@carersvictoria.org.au) |

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