**YOUNG CARERS SCHOLARSHIP PROGRAM  
2020 APPLICATION FORM**

It is expected this application form will be completed by the young carer. Therefore, questions are directed to them. Please refer to the guidelines before completing. Please print clearly and complete all questions. Letters of Support are encouraged. Completed forms are to be returned by Friday 24 April 2020.

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| **PART 1 – YOUNG CARER INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Young carer name:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Age:** | | | | | | | | | | | | | **Year level:** | | | | | | | | | | | | | | | | |
| **Address:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Suburb:** | | | | | | | | | | | | | | | **Post code:** | | | | | | | | | | | | | | |
| **Phone:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Email address:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you wish to receive information from Carers Victoria including other young carer programs and our electronic newsletter (Voice)? | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | | Already subscribed | | |
| **School name:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Does your parent or guardian know that you are applying for this scholarship?** | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | |
| **If no, please explain:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How did you find out about the Young Carers Scholarship Program?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| School | | | | | Case | | | | | | | | | | Website | | | | | Carers Victoria | | | | | | | | | |
| Other | | | | | Please specify: | | | | | | | | | | | | | | | | | | | | | | | | |
| **PART 2 – ABOUT THE PERSON HELPING YOU WITH THIS APPLICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | | | | | | | | | | | **Organisation (if relevant):** | | | | | | | | | | | | | | | | | |
| **Relationship to young carer:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Phone:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Email address:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does this person wish to receive information from Carers Victoria including other young carer programs and our electronic newsletter (Voice)? | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | | Already subscribed | | |
| **PART 3 – CARING AND YOU** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PERSON 1** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Who do you care for?** | | | | | | | | | Mum | | | Dad | | | | | | Brother/sister | | | | | | Other | | | | | |
| **What is their condition?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How long have you been caring for this person?** | | | | | | | | | Less than 1 year | | | 1–2 years | | | | | | 2–5 years | | | | | | 5–10 years | | | | | |
| **PERSON 2** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Who do you care for?** | | | | | | | | | Mum | | | Dad | | | | | | Brother/sister | | | | | | Other | | | | | |
| **What is their condition?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How long have you been caring for this person?** | | | | | | | | | Less than 1 year | | | 1–2 years | | | | | | 2–5 years | | | | | | 5–10 years | | | | | |
| **If you care for more than two people, please attach additional details on a separate page.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are you the main carer?** | | | | | | | | | | | | | | | | | | Yes | | | | | | No | | | | | |
| **If you are not the main carer, are there times of the day when you are the main carer?** | | | | | | | | | | | | | | | | | | Yes | | | | | | No | | | | | |
| **Please explain the times 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 RECIEVE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Have you previously been awarded a Young Carer Scholarship?** | | | | | | | | | | | | | | | | | | Yes | | | | | | No | | | | | |
| **Have you been awarded a Young Carer Bursary in the past year?** | | | | | | | | | | | | | | | | | | Yes | | | | | | No | | | | | |
| *If yes, you are ineligible for a Young Carer Scholarship* (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 kind of support 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 – NDIS or other package of supports) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Yes – Personal Support (Case Worker, Counselling or Group activities) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please describe the kind of support your family receives?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PART 5 – GENERAL QUESTIONS ABOUT YOUR FAMILY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Family composition** | | | | | | | | One parent at home | | | | | | | | | | Both parents at home | | | | | | | | | | | |
| Live with another relative. **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 – SCHOLARSHIP INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How does being a carer impact on your school and daily life?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What would you like to do with the scholarship?**  *(Scholarships are UP TO $500.) Please provide cost estimate. Quotes or invoices are not required.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 2020 Young Carer Scholarships help you?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are you willing to help us raise awareness of young carers by telling your story for our publications and media?** | | | | | | | | | | | | | | | | | | Yes | | | | | | | No | | | | |
| **Would you be willing to attend a Young Carer Scholarship awards ceremony in the July school holidays?** | | | | | | | | | | | | | | | | | | Yes | | | | | | | No | | | | |
| **PART 7 – PAYEE DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **This section to be completed by the person the scholarship money is to be paid to. Scholarship Funds will be direct deposited into the bank account provided. Please complete all sections.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **The Young Carer Scholarship is to be paid into the bank account of (payee):**  Young Carer  Young carer’s parent/guardian  Business/School  Other  *If the scholarships 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 they are the payee):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Suburb:** | | | | | | | | | | | | | | | **Post code:** | | | | | | | | | | | | | | |
| **Phone:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Email address:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of bank account (young carer, parent or school):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 that the information provided in this application is true and accurate at the time of completing this application. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | I agree that the scholarships 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 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 the person who helped with this application:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature of parent or guardian:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **APPLICATION CHECKLIST** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **To ensure that we can process your application efficiently, please check the following:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | I have read the *Young Carer Scholarship Guidelines*. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | All sections have been completed correctly including bank details. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | I have signed and dated the Agreement (Part 9). | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | I have attached any supporting Letters of Offer (encouraged but not mandatory). | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **WHAT HAPPENS NEXT?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please mail your completed application form to:  **Young Carer Scholarship Program**  **PO Box 2204**  **Footscray VIC 3011**  Applications close Friday 24 April 2020.  Notifications and payments will be made in June. Successful applicants will also receive an invite to the awards ceremony. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **QUESTIONS?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please refer to the Young Carer Scholarship 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

***2020 Young Carer Scholarships are proudly supported by community donations.***