WELSH GOVERNMENT RESILIENCE FUND GRANT

Carmarthenshire

YMDDIRIEDOLAETH GOFALWYR | **CARERS TRUST**
Croesffyrdd Gorllewin Cymru | Crossroads West Wales

Please ensure you complete all sections

1. First part to be completed by Referrer: **Date completed:**

Name:
Organisation:
Address:
Phone / mobile number:
Email:

2. Second part to be completed on behalf of Carer:

Name:
Address:
Postcode:
Date of Birth:
Phone / mobile number:

Email:

Has the Carer received monies or items from other Grants in the last year? **Yes** ☐ **No** ☐
If Yes, please state from which organisation?

Part 2 Continued.

How does their caring role impact on the Carer's day-to-day life?

Why have you chosen to submit an application for this particular Carer?

3. **Third part to be completed about the Cared For:**

Name of Cared For:

Address (if different from Carer)

Postcode:

Date of birth:

Cared For condition / disability:

4. Grant request details

Please give as much detail as possible regarding the break requested, i.e details on venue / place / company:

Details of break requested:

Name of Venue / Company / Organisation:

Address / Contact details (if applicable):

PLEASE ENSURE THE NAMED ABOVE IS ABLE TO OFFER VOUCHERS

Declaration:

I confirm that (please mark those that apply):

- the information given in this application is true and accurate
- the Carer has given permission for their details to be shared with Carers Trust Crossroads West Wales for the purpose of this Grant
- the Carer has been asked to feedback, to you the referrer, on how the Grant has impacted on their Caring role
- Has agreed to share their feedback
- Would prefer not to have their feedback shared
- You the referrer, will forward any feedback received to the manager of this Grant.

Name:	
Organisation:	
Signed:	
Date:	

Please forward the completed referral to Mel Griffiths at:

grants@ctcww.org.uk

Grant Monitoring (to be completed by grant administrators)

Date received	Approved	Reason if not approved	New to CIS	Date processed	Confirmation sent	PON