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| **wsc_logo_stacked_CMYK** | **YOUNG CARERS GRANTS PROGRAM****Application Form** **Closing date 25 February 2019** |

The Young Carers Grant Program aims to reduce barriers to education and increase social inclusion for young carers in Wollondilly aged 12-18. One off grants of up to $1000 are available to young people living in Wollondilly for technology, social activities or educational expenses that help address the aims of the grant. Expenses can include but are not limited to individual educational tuition, Ipads, laptops, gym membership, dance classes and text books.

**Eligibility Criteria**

Applicants must

* live in Wollondilly
* be aged 12-18
* have caring responsibilities that impact their educational or social outcomes
* engaged in educational study such as high school or tertiary education provider such as TAFE
* require assistance to improve their educational attainment or social inclusion
* have evidence of caring responsibilities such as a letter or certificate from GP outlining illness or disability of the person being cared for
* have proof of citizenship or permanent residency
* have proof of age and identity (proof of age card, Birth Certificate or Driver’s License)

Successful applicants will receive their requested technology, or vouchers for an activity, not a cash grant.

*\*Helping care for a person or people, who are experiencing; a disability, a mental health condition, an addiction problem, a chronic illness or is frail aged. Young Carers often provide emotional and physical support to their care recipient. They may complete tasks which the care recipient would otherwise complete individually such as personal care, cleaning, assisting with medications, or keeping them company (Young Carers NSW).*

**INSTRUCTIONS**

You must submit your application using this electronic based application form by **5pm on the closing date to council@wollondilly.nsw.gov.au**

You will need to enable editing in the Word Document then you can type in the boxes provided.

Only use the space provided as excess information will not be considered. Use dot points to convey your message more efficiently.

Additional information may be requested to support your application.

If you require access to a computer or assistance in completing your application please visit Wollondilly Library during open hours.

Contact Council’s Community Projects Officer (Youth) for further information on 4677 1100 or council@wollondilly.nsw.gov.au

**Late applications will not be accepted.**

**CERTIFICATION + PARENTAL OR GUARDIAN PERMISSION**

By submitting this application I acknowledge that I have read and understood the information made available by Wollondilly Shire Council on the Young Carers Grants Program, including the eligibility criteria and to the best of my knowledge the information provided in this application is true and correct.

I also acknowledge that this application is submitted (if under 18) with the authority of my parent or guardian.

YES – please put a cross in the box if you agree

Parent/Guardian Signature

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| Applicant Signature**PERSONAL DETAILS**

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| --- | --- |
| Name |  |
| Date of Birth |  |
| Home Address |  |
| Postal Address (if different to home address) |   |
| Telephone/Mobile |  |
| Email address |  |
| Name of education institute (if attending) |  |

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**Income**

Are you receiving any of the following

 Youth Allowance Amount per fortnight $

 Carers Allowance Amount per fortnight $

 Employment Amount per fortnight $

 Other forms of income (please describe and list per fortnight)

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**CARING RESPONSIBILITIES**

Please describe your caring responsibilities including who to, the types of caring tasks you complete and an estimate of the time spent per week.

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Please describe how these responsibilities impact on your education and/or your ability to socialise

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| **EXPENDITURE** |

**Requested Items**

Please list below the items and cost that you are applying for. Please list the items in order of your priority and in as much detail as possible.

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| ***Priority*** | ***Item*** | ***Cost*** |
| *1.* | *Please list the item you request in as much detail as possible**EG Acer Aspire Laptop 15.6 inch* | *Please estimate the cost of the item - $500* |
| 1 |  | $ |
| 2 |  | $ |
| 3 |  | $ |
| 4 |  |  |
|  | INCOME TOTAL (A) | $ |

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| **NEEDS** |

Please describe how the items above will assist to reduce barriers to your education and/or improve your social inclusion

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Please Note:

* Council will not provide ongoing maintenance or updates to equipment / technology
* Assistance is one-off and not recurrent, applications may be submitted annually (dependent on available funding)

**APPLICATION CHECKLIST**

**Have you:**

* Checked that you are eligible?
* Completed all sections of the Application Form?
* Kept a copy of this Application Form for your records?
* Listed your items in order of priority?
* Checked the application form will be received by Council on or before the closing date?

**PRIVACY STATEMENT**

Wollondilly Shire Council is collecting personal information from you on this form for the purpose of assisting the determination process of your application. This information is required for assessment and failure to provide the information may lead to rejection or delays of your application.

At any time you have the right to access, view or correct the personal information that you have provided. Please also note that information supplied on this document may be the subject of a request to access information under the Government Information (Public Access) Act 2009.

**SUBMITTING YOUR APPLICATION**

Please save this form to your computer and e-mail it to youth@wollondilly.nsw.gov.au with a subject line of Community Grant Application, along with any required support documents.

Contact Council’s Community Projects Officer for any assistance in completing your application on 4677 9708 or youth@wollondilly.nsw.gov.au