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School of Health Sciences

CARER SUPPORT FUND APPLICATION FORM

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| About this grant | |
| The Carer support scheme has been established by the School of Health sciences in recognition of the fact that many staff and PGR students are restricted in terms of attending conferences, training courses etc. where they have caring responsibilities or disabilities. The purpose of the Carer Support Fund is to assist colleagues by contributing towards the cost for extra-care to enable travel and attend at such events, especially as attendance is important in career or study development and progression. Applications may be supported up to £500, with higher amounts being considered if there is good reason and justification that this amount would be exceeded by caring costs. Decisions will be made based on eligibility and clear justification. Approval should be sought by a line manager or PGR supervisors AND verified by the appropriate Head of Division. Please note that applications will be limited to one claim per trip and two claims per person per academic year. Claims should be made retrospectively and receipts will be required to be attached to claims. | |
| Eligibility | |
| * The award is available to staff and PGR students of all genders with caring responsibility. * Support of up to £500 per successful application/trip will be allocated, however higher amounts may be   considered if there are circumstances where this may not cover associated care costs. Costs have been  based on attendance at conferences, training events etc. @£20 per hour for registered professional  support, 6h per day, providing 2-3 days cover, including some travel costs.   * Examples of costs to be covered include care for children, elderly parents, disabled family members etc. * Applicants must have received support to apply from their line manager/PGR supervisor and the relevant Head of Division. * The activity must be relevant to the work of the applicant and should contribute to the University portfolio, this may be identifiedduring P&DRs/review meetings etc. * The applicant must be actively involved in a conference / training course, e.g., giving a presentation, facilitating workshops, acquiring a new skill to improve UoM output etc. Options should be discussed and agreed at P&DR or at other meetings with the applicant’s line manager or PGR supervisor. * The applicant should state on the application form why they need additional support and outline their normal * care-giver arrangements, providing any supporting evidence. | |
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| * Decisions will be based on eligibility and justification. * All applications must be supported by the applicants’ line manager or ~PGR supervisor and then approved by the appropriate Head of Division. * Applications must be submitted to the Head of Division no later than 4 weeks prior to the event for approval | |
| Applicant’s Details | |
| Title: | Name: |
| Division: | |
| Tel No.: | Email: |
| Post held: | |
| Meeting Details | |
| Title of meeting: | |
| Date and location of meeting: | |

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| Provision of care required | | |
| Please provide details of the care for which you are seeking funding (*e.g.* nursery/daycare or babysitting costs, travel costs for children or carers, support for elderly parents, disabled family member support, other care provision) and explain why these costs are necessary.  If an amount of higher than £500 is being requested, please provide further justification in this section, stating why the standard amount is not sufficient to cover the costs: | | |
| Any other relevant information you wish to provide? | | |
| Who will provide this care? | | |
| Your estimated costs & declaration | | |
| Please note that you will be required to provide original receipts before payment can be made | | |
| Please provide a breakdown of care costs required: |  | |
| Total cost applied for. | £ | |
| 1. To the best of my knowledge, the information given in this application is accurate and complete  2. I have read and understood the terms and conditions under which the grant is awarded and, if an award is made, I  agree to abide by them. | | |
| Signature: | | Date: |
| Line Manger/PGR supervisor support and Head of Division approval | | |
| *I (print name of line manager or PGR supervisor) ………………………………………………… certify that I am in full support of the above application made by (insert name)*  *I (print name of Head of Division) …………………………………………………………………………. certify that I am in full support of the above application made by (insert name)* | | |
| Signature: | | Date: |
| *Please send your completed application to your Head of Division* cc’ing Jayne.ward@manchester.ac.uk | | |