

TIME TO LIVE FUND APPLICATION FORM

2025 - 2026

Please read the guidelines prior to applying.

You must reside in East Renfrewshire to apply Maximum grant £350.00

WHAT IS YOUR SITUATION? (Clearly state your caring role and how this impacts on you)

WHAT ARE YOU USING THE FUND FOR? (please give details of what you are requesting)

WHAT ARE THE BENEFITS TO YOU IF THIS APPLICATION IS SUCCESSFUL?

WHAT ARE THE HEALTH NEEDS OF THE PERSON YOU CARE FOR? (please indicate)

Physical Disability	Long Term Condition	Dementia
Mental Ill Health	Sensory Impairment	Autism
Alcohol/Drug Abuse	Learning Disability	

HAVE YOU HAD A GRANT FROM THIS FUND IN THE 2 YEARS? YES or No

(if yes what month and year did you receive this)

WHAT TYPE OF SHORT BREAK ARE YOU REQUESTING?

Break/holiday with the person you care for	YES / NO
Break/holiday without the person you care for	YES / NO
School Trip	YES / NO
Day Trips / Activities	YES / NO
Stress Management	YES / NO
Classes / Lessons	YES / NO
Meals (up to £200 maximum)	YES / NO
Leisure / Fitness	YES / NO
Equipment / Home Improvements	YES / NO

IF YOU ARE INTENDING OF TAKING A BREAK/HOLIDAY, WHEN ARE YOU PLANNING TO GO?

WHAT IS THE TOTAL COST OF THE BREAK?

WHAT ARE THE FULL BREAKDOWN OF COSTS?

IF REMAINING COST NEEDED, ARE YOU ABLE TO FUND? YES / NO

Type of Carer:

Adult Carer

Parent Carer

Young Carer (under 18)

YAC (19 – 25 yrs)

New to Organisation (less than 3 months)

For office use	
Carer Initials & BD number:	
Staff name	
Date	