**Aberdeen City Council / Barnardo’s**

**Young Carer’s Funding Form – Part 1**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Name | |  | | Designation (if applicable) | |  | |
| Address | |  | | Organisation (if applicable) | |  | |
|  | |  | |  | |  | |
|  | |  | | Phone No. | |  | |
| Post Code | |  | | Email | |  | |
|  | | |
| Young Carer’s Name(s) | | | | | | | Date of Birth |
|  | | | | | | |  |
|  | | | | | | |  |
|  | | | | | | |  |
| Address |  | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
| Post Code |  | | | | | | |
| Does this young person have a Young Carers Statement? | | | | | Yes / No | | |

|  |
| --- |
| **Reason for Application** |
| *Include details of caring role and responsibilities, what the grant will be used for and how it will support them in their caring role.* |

*This form must be used in conjunction with Young Carer’s Funding Form – Part 2 and sent to the authoriser for a decision.*