**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.*