**Aberdeen City Council**

**Young Carer’s Funding Form – Part 2**

***All incomplete applications will be returned to applicant which will delay payment.***

|  |  |
| --- | --- |
| **Young Carer’s Name(s)** | **Date of Birth** |
|  |  |
|  |  |
|  |  |
| **Reason for spend** | **Amount** |  | **Amount** |
| Travel costs |  | Clothing & Footwear |  |
| Driving lessons / test |  | Other (please provide full description and breakdown) |
| Clubs and activities |  | School Trip |  |
| Short breaks |  |  |  |
| Equipment and Furniture |  |  |  |
| Passports & Birth Certificates |  | **Total amount claimed** |  |

**Frequency of payment (please tick one)**

|  |  |  |  |
| --- | --- | --- | --- |
| Payment Frequency*(Required)*: | Choose an item. | Other |  |
| Start/Due Date | Click or tap to enter a date. | End Date | Click or tap to enter a date. | Review Date | Click or tap to enter a date. |

**Method of Payment** *(Select one below):*

|  |  |
| --- | --- |
| **BACS Payment** |[ ]  *Name, address, email address and bank details required below* |
| **Cheque direct to Payee** |[ ]  *Name and address are required below* |
| **Transfer to school budget** |[ ]  *Where money is to be paid directly to the school this option must be used.*  |
|  |  | School Cost Centre |  |
|  |  | School Name |  |
| **Payee Name**  |  |
| **Full Postal Address** (including Postcode) |
|  |
|  |
|  |
| **Post Code:**  |  |
| **Email address:** |  |
| **Phone No.** |  |
| **Bank details** *(Required for BACS Payments)* |
| **Sort Code:** |  | **Account Number:** |  |

**Signature**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Applicant |  | Name |  |
| Designation (if applicable) |  | Date | Click or tap to enter a date. |

Please now pass this form to your Guidance/PT Pupil Support Teacher (Secondary Schools) or Head Teacher (Primary Schools) for authorisation.

**Authorisation**

I confirm that the young person is a young carer [ ]

|  |  |  |  |
| --- | --- | --- | --- |
| Approve [ ]  | Decline [ ]  | Amount limited to |  |
| Notes |  |
|  | *Reason for declining or limiting amount. Please have a discussion with the applicant as to the reasons for this.* |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Designation |  |
| Name |  |
| Date | Click or tap to enter a date. | School |  |
|  |

**Previous Applications**

*All Young Carer’s Funding applications made within past 12 months*

|  |  |  |
| --- | --- | --- |
| Date | Reason and outcome of application | Amount |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |

Where the application is approved, email this form to Children’s Social Work at Aberdeen City Council – ChildrensSocialWork@aberdeencity.gov.uk

**For Aberdeen City Council use only**

|  |  |
| --- | --- |
| **Financial Account code and cost centre**  | S83170 65111  |
| **Request logged by** |  |
| **Date passed to Processing** | Click or tap to enter a date. |