Carers NSW National Carers Week 2024 Grant Application Form

**Frequently Asked Questions**

1. **Have you read the Frequently Asked Questions (FAQs)?\* (*Please circle*)**

Yes/No

*The Frequently Asked Questions (FAQs) provide additional information which may help you complete your application. The FAQs are available for download from* [*https://www.carersnsw.org.au/training-events/national-carers-week/grants-to-celebrate-national-carers-week*](https://www.carersnsw.org.au/training-events/national-carers-week/grants-to-celebrate-national-carers-week)

*If you do not agree to the above requirements, unfortunately we are unable to consider your application for a National Carers Week Grant.*

**COVID-19 Information**

*It is a requirement that all 2024 grant applications agree to comply with any COVID-19 health regulations and guidelines in place at the time.*

*Please check the NSW Government website at www.nsw.gov.au/covid-19 for the most recent information on COVID-19 restrictions.*

*Carers NSW also recommends having a ‘Plan B’ option for your event should any health regulations and restrictions change that would prevent an in-person event being delivered.*

*‘Plan B’ options could include a virtual event over Zoom, care packages, or gift vouchers.*

1. **I agree that as a condition of applying for a National Carers Week Grant in 2024, I will ensure that our event complies with any COVID-19 health regulations and guidelines in place: \* (*Please circle*)**

Yes, I agree

No, I disagree

*If you do not agree to the above requirements, unfortunately we are unable to consider your application for a National Carers Week Grant.*

**Your Contact Details**

1. **Please complete your contact details.**

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of organisation or carer support group:

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Email address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Are you the main contact from your carer support group or organisation for the purpose of this grant?** **(*Please circle*)**

Yes/No

*If you answered YES, please continue to question 5.*

*If you answered NO, please fill in the main contact’s details below.*

Main contact First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Main contact Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Main contact email address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Main contact phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **National Carers Week Grant Amount**

*Please note that National Carers Week Grants have increased to $500 per application.*

1. **Requested grant amount: *(Please circle)***

$300

$400

$500

**EFT Details**

1. **Please complete your payment details.**

*Please be sure to enter the correct bank information below as this will be used to generate EFT payment should, your application be successful.*

Bank name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BSB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Carers NSW is always working towards an eco-friendly format. Cheques will only be issued if an EFT account is not available.*

*If you do require a cheque, please fill in the details below, otherwise continue to question 7.*

Name of organisation or carer support group (maximum 30 characters - as it should appear on the cheque):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cheque payable address: Street number and name

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Cheque payable suburb:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cheque payable state:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cheque payable postcode:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ABN Details**

1. **Does your carer support group/organisation have an ABN? *(Please circle)***

Yes/No

**If yes, please state the ABN number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*If you are applying on behalf of a group or organisation that does NOT have an ABN you are required to submit a Statement by a supplier form and a Donation Application form. Both forms can be found at* [*https://www.carersnsw.org.au/training-events/national-carers-week/grants-to-celebrate-national-carers-week*](https://www.carersnsw.org.au/training-events/national-carers-week/grants-to-celebrate-national-carers-week)*. Please email the completed forms to commsteam@carersnsw.org.au by the grant application deadline.*

**About your carer support group or organisation**

1. **Are you applying for a grant on behalf of a carer support group or organisation? *(Please circle)***

Yes/No

1. **Name of your carer support group or organisation:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Postcode of where your carer support group or organisation meets:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Will you be partnering with another carer support group/organisation to run this event? *(Please circle)***

Yes/No

*Please note partnerships should create an opportunity for a diverse range of carers to attend. If this isn’t evident in the application form the application will not be considered.*

1. **How often does your group meet per year?  *(Please circle)***

0 times

1-5 times

6-10 times

11-15 times

15+ times

Other

1. **What is the gender of MOST of the carers in your group? *(Please circle)***

Male

Female

Non-binary/gender diverse

No clear majority

Prefer not to say

1. **Which age category do MOST carers in your group fall into? *(Please circle)***

Under 18 years

18-25 years

26-45 years

46-64 years

65+

Other

1. **Do any people in your group identify as Aboriginal and/or Torres Strait Islander carers? *(Please circle)***

Most/all of the group

Some of the group

None of the group

Unsure/prefer not to say

1. **Do any people in your group identify as culturally and linguistically diverse (CALD) carers? *(Please circle)***

Most/all of the group

Some of the group

None of the group

Unsure/prefer not to say

1. **Do any people in your group identify as LGBTQI+ carers? *(Please circle)***

Most/all of the group

Some of the group

None of the group

Unsure/prefer not to say

1. **Which category BEST describes the care recipient/s of the carers in your group? *(Please circle)***

Carers of people living with a variety of conditions

Carers for people living with physical disability

Carers for people who are frail due to age

Carers for people living with intellectual disability

Carers for people living on the Autism Spectrum

Carers for people living with mental illness

Carers for people living with a drug or alcohol dependency

Carers for people living with dementia

Carers for people living with a chronic health condition

Carers for people living with terminal or serious illness

Carers for people living with a neurological condition (e.g. Epilepsy, Parkinson’s Disease, Multiple Sclerosis)

Other (please specify):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Which category BEST describes the carers in your group? *(Please circle)***

Carers for children (aged 18 or younger)

Carers for adults (aged 18-65)

Carers for persons aged 65 and over

No specific age category of care recipients

Other (please specify):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**About your National Carers Week event**

1. **Name of your event/activity:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Date of your National Carers Week event:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If you are planning an event outside of National Carers Week (13 – 19 October), please tell us why:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1. **Is the location of your National Carers Week event confirmed?  *(Please circle)***

Yes/No

*If your event location has not yet been confirmed, please ensure you send this information to commsteam@carersnsw.org.au by the grant application deadline.*

1. **Event location name:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Event location street number:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Event location street name:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Event location suburb:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Event location postcode:**

**­**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Event location region: *(Please circle)***

Central and Eastern Sydney

Hunter, New England and Central Coast

Murrumbidgee

Nepean Blue Mountains

North Coast

Northern Sydney

South Eastern NSW

South Western Sydney

Western New South Wales

Western Sydney

Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Which of the following categories best describes your event? *(Please circle – options continue on following page)***

Afternoon tea

BBQ or picnic

Day trip or tour

Dinner

Expo or information day

High tea

Luncheon

Movie, theatre or music event

Morning tea

Respite

Thank you or award event

Wellness, pamper or activity day

Virtual event

Workshop

To be confirmed

Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **In 200 words or less, please describe your event:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Approximately how many carers do you expect to attend your event? *(Please circle)***

0-10

11-20

21-50

50+

1. **Will you invite any distinguished guests or VIPs to your event? *(Please circle)***

Yes/No

1. **Are you applying for another grant in 2024? *(Please circle)***

Yes/No

*Organisations applying for grants on behalf of different carer groups can apply for up to 8 grants. The groups must be unique carer support groups with a focus on a specific cohort of carers (e.g. young carers; specific CALD groups; older parent carers; carers of children on the autism spectrum etc.) supported or auspiced by the one organisation.*

1. **Did you successfully apply for a grant to Celebrate National Carers Week in 2023? *(Please circle)***

Yes /No

1. **How did you hear about the Grants to celebrate National Carers Week? *(Please circle)***

Carers News (Carers NSW newsletter)

Carer Gateway eNews

Carers NSW eNews

Carers NSW social media

Carers NSW flyer

Carers NSW staff

From a support/social worker

Through another organisation

Word of mouth

Local newspaper/radio/TV

Previous grant applicant

Other (please specify):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_