

**Hull Young Carers Wellbeing Grant**

**Application Form 2025/2026**

**This application form must be completed by a supporting professional and young carer together**

Please carefully read these guidance notes to understand how the application should be completed, who is eligible for the grant and what can and cannot be funded.

**The Young Carers Wellbeing Grant 2025/2026**

This grant is designed to support the welfare of young carers and provide opportunities for them to focus on their own wellbeing away from their caring roles. The grant seeks to enable and support young carers to achieve the best possible outcomes for them.

The objective of the Young Carers Wellbeing Grant is to enable young carers to see improvements in any of the following:

* Their own health and wellbeing
* Their quality of life
* Their confidence, and sense of empowerment in making choices over their own lives

All applications **must** be supported by a professional who understands and confirms the young carer’s role within their family, including the impact it has on them. The supporting professional can be any of the following:

* Healthcare Professional
* Key Worker
* Social Worker
* Early Help Worker
* Youth and/or Community Worker
* Teacher or Education Professional

If a young carer does not have access to a professional who can support their application, please e-mail The Young Carers Project Team at TheYoungCarersProject@hullcc.gov.uk who may be able to offer support.

To be eligible to apply, an applicant must:

* Be aged between 5 and 17 years old
* Be living at a registered address within Hull
* Be providing care, assistance, or support to another family member who has: a long-term illness; disability; mental health difficulty; problems with drug or alcohol misuse (e.g. practical, emotional or personal care). The person they care for may be a parent, a sibling, grandparent, or other relative.

Please be aware that due to limits on the funding available, and to enable as many young people to access the grant as possible, only 2 young carers from one household are eligible to apply for the grant within any 12-month period. For example, if 3 young carers are present in one household, only 2 young carers will be eligible to apply.

**What can a young carer expect to receive from the grant?**

On a successful application, a young carer can expect to receive an individual grant of £300 once every 12-months.

**How does a young carer receive the grant, and how can it be spent?**

The Young Carers Wellbeing Grant is delivered through Virtual Wallet, a digital voucher system provided by People Places Lives Limited which supports NHS organisations and local authorities to deliver grants. You can find more information about Virtual Wallet or People Places Lives Limited at <https://www.myvirtualwallet.co.uk/> or <https://www.peopleplaceslives.co.uk/>.

Successful applicants are given access to the Virtual Wallet Marketplace where they can access and spend their grant. Here are some examples of available retailers on the Virtual Wallet system or for more information please visit <https://www.myvirtualwallet.co.uk/hull-young-carers-grant/>.

|  |  |
| --- | --- |
| Retailers: | What can be bought: |
| * Amazon
* The Entertainer
* Argos
* Virgin Experience Days
* Ticket Master
* Halfords
* Curry’s PC World
 | * Gym memberships
* Art and crafts materials
* Photography equipment and/or lessons
* A bike and/or cycling equipment
* Music equipment and/or lessons
* Annual theatre or cinema pass
* Laptop/tablet
 |

Please note that in exceptional circumstances there may be alternative options available if an activity or item a young carer wishes to purchase is not available in the Virtual Wallet Marketplace. Please contact youngcarersgrants@hullcc.gov.uk for further information and support.

|  |
| --- |
| **What the Young Carers Wellbeing Grant cannot fund.*** Joint applications cannot be considered. Grants are for individual young carers only and cannot be combined with another application.
* We cannot fund any debt, ongoing costs (such as subscriptions) or any items which have already been ordered or purchased.
* Respite care or day care, or an increase to personal care packages that would result in ongoing provision.
* A holiday/trip outside of the United Kingdom.

**If you need support for any of these things, please ask your supporting professional to contact Hull City Council on 01482 300300 and ask for either Adult’s or Children’s Services** |

**How should the application form be completed?**

**We strongly recommend completing the application on a computer or electronic device, and then printing the document to provide written signatures.**

There are three separate parts to the application form, and all **must** be completed in full by the supporting professional with the young carer.

**Part One** is about the young carer and their supporting professional. We need to know a bit about the young carer’s circumstances and the reasons the professional is supporting their application. The supporting professional must declare that they have completed the application by providing a written signature at the bottom of this section and section three.

**Part Two** is for the young carer to tell us who they care for, what extra support they might need, and if they have accessed the grant previously.

**Part Three** looks at what type of help and support the young carer has given to the person they care for over the last month, and what they would like to purchase using the grant.

Please check the following before submitting the application form:

1. **Have all three parts of the application form been completed in full?** The application **must** be completed in full, and any incomplete applications will be rejected or returned to the supporting professional
2. **Has the supporting professional provided a written and dated signature?** The supporting professional **must** sign and date the application at the end of Part One and Part Three for the application to be accepted.
3. **Have both the young carer and their parent/guardian signed and dated the application?** Both the young carer and their parent/guardian **must** sign and date the application at the end of Part Three to confirm acceptance of and comply with the grant’s terms and conditions.

**Who should submit the application and how?**

Applications will only be accepted if sent from the supporting professional’s e-mail address. Once a supporting professional has completed the form with a young carer, it must be scanned and submitted it via e-mail to **youngcarersgrants@hullcc.gov.uk**

**What are the deadlines for applying?**

Applications for the Young Carers Wellbeing Grant 2025/2026 must be submitted by the following deadlines:

|  |
| --- |
| **Deadline** |
| **Monday 23rd June 2025** |
| **Monday 10th November 2025** |
| **Monday 2nd February 2026** |

**What happens next?**

Once an application has been received, this will be reviewed by the Hull Young Carers Wellbeing Grant Panel, which is made up of representatives from the NHS and the Local Authority. This meeting takes place shortly after the application deadline. Supporting professionals will be contacted by email with the outcome of any application.

If the application is successful, the young carer/parent/guardian will be contacted via the e-mail provided on the application form, by the Virtual Wallet team, to set up their Virtual Wallet account. Once this is complete, the individual grant award of £300 will be made accessible to spend on items or activities through the Virtual Wallet Marketplace. More information about this process can be found at <https://www.myvirtualwallet.co.uk/hull-young-carers-grant/>.

A Young Carers Wellbeing Grant feedback form will also be sent out to the e-mail addresses listed on the application form. This online form needs completing by the young carer with their parent/guardian within 6 to 12months of the grant being awarded to show how the grant has been used, and the difference it has made for the young carer.

If an application is unsuccessful, the supporting professional will be notified and they will receive information detailing the reasons for the decision, including information on how to appeal the decision.

**Hull Young Carers Grant Application form 2025 - 2026**

**This form must be completed by a supporting professional and young carer together.**

|  |
| --- |
| **PART ONE: About the young carer.** |
| **Name** |  |
| **Address** |  |
| **Postcode** |  |
| **Contact Telephone** |  |
| **Contact E-mail** |  |
| **Date of Birth** |  |
| **Gender** | 🞏 Female 🞏 Male 🞏 Non-binary 🞏 Other (please state below) |
| **Ethnic Group** | 🞏 White 🞏 Mixed 🞏 Asian 🞏 Black 🞏 Prefer not to say 🞏 other (please state below) |
| **School/College/****Education Setting** |  |
| **PART ONE Continued: About the supporting professional.** |
| **Name** |  |
| **Job Title** |  |
| **Organisation** |  |
| **Contact Telephone** |  |
| **Contact E-mail**  |  |
| **What are the reasons for your involvement with the young carer, and what support do you provide to them?** |  |
| **Please tell us why you support this application and what difference the grant would make for the young carer.** |  |
| **Confirmation***Applications completed by others (such as parents or guardians) will be rejected* | **I confirm I have completed this application form with the young carer.** **Signed …………………………………. Date: ……………………….** |

|  |
| --- |
| **PART TWO: About the person that is cared for** |
| **Their name** |  |
| **Their relationship to the young carer** |  |
| **Their date of birth** |  |
| **Their home address****(if different to yours)****Postcode** |  |
| **Please tell us about the disability or long terms illness of the person cared for** |
| **Is the person the cared for affected by drugs/alcohol?**  | 🞏 Yes 🞏 No |
| **Has the young carer applied for a grant before?** | 🞏 Yes 🞏 NoIf yes, when did you last apply, and have you uploaded your receipts from the previous grant? What was the previous grant used for? |
| **Where did the young carer hear about the Hull Young Carers Wellbeing Grant?**  |  |
| **Would the young carer like support from the Hull Young Carers Project?** | 🞏 Yes 🞏 NoIf yes please visit <https://www.hull.gov.uk/young-people/young-carers> for more information on how to make a referral. |

|  |
| --- |
| **PART THREE: To be completed by the Young Carer and Supporting Professional together** |
| **Tell us about the young carer’s role at home.****(What does the young carer do, or how do they support the person that is cared for?)** |  |
| **How does the caring role affect the young carer’s life?****(Please note this could be either the positive or negative impact on the young carer)** |  |
| **What would the young carer like to spend the wellbeing grant on and what difference will it make to them?** |  |

**GRANT TERMS AND CONDITIONS, CONSENT AND SIGNITURES**

Please be aware of the following grant terms and conditions:

* Only one successful grant will be awarded within a 12-month period for each individual young person. Joint applications will not be accepted.
* Due to limits on the funding available, and to enable as many young people to access the grant as possible, only 2 young carers from one household are eligible to apply for the grant within any 12-month period.
* A supporting professional must complete and submit this application in conjunction with the young carer submitting the application.
* Applications completed and submitted solely by parents/guardians will not be accepted.
* The young carer/parents/guardians are required to upload the receipts for their purchases totalling £300 for each individual successful grant. These must be uploaded to their Virtual Wallet Marketplace account to show what items have been purchased against their application. Paper receipts/emailed receipts sent to the young carers wellbeing grant inbox will not be accepted.
* The Young Carers Wellbeing Grant feedback form must be completed and returned within 6 to 12 months to show how the grant has been used and the difference it has made for the young carer.
* The items purchased and shown on receipts must be the ones originally requested on the application form unless a change request has been approved by grant panel members

Future annual grant applications will not be considered where there is a breach of these terms and conditions.

**Please tick each box:**

 **I/we understand and agree that:**

□ I/we the young carer/parent/guardian, agree to spend the Hull Young Carers Wellbeing Grant only for the purposes outlined in the application form.

□ I/we the young carer/parent/guardian, agree to upload all receipts totalling £300 to my/your child’s Virtual Wallet account within 6/12 months

□ I/we the young carer/parent/guardian, agree to use the Virtual Wallet Market Place to spend the Hull Young Carers Wellbeing Grant Award and agree to the terms and conditions outlined by Virtual Wallet when setting up the account.

□ I/we the young carer/parent/guardian, agree that where the grant includes an amount towards purchase of equipment, the equipment must not be sold or otherwise disposed of without the prior written permission of Hull City Council.

□ I/we the young carer/parent/guardian, agree I/the young carer will complete and return the Hull Young Carers Wellbeing Grant feedback form within 6 to 12 months to say how the grant has been used and the difference it has made to me/the young carer.

□ I/we the young carer/parent/guardian, agree that Hull City Council can reclaim all or part of the grant if it is not wholly used for the purpose intended.

**DATA SHARING INFORMATION DECLARATION**

**Please note when the young carer reaches 16, they can give their own consent for their personal data to be collected and stored**

We need to collect and store personal data to enable us to deliver this grant application. This is defined as a legitimate interest. For more information on how we manage your data please see our privacy statement at: <https://www.hull.gov.uk/help/privacy-notices/privacy-notice-%E2%80%93-targeted-youth-support>

The information provided on this application will be shared at the time of decision-making with Hull City Council and NHS Humber and North Yorkshire Integrated Care Board. This information will help to assist in future planning and development of services for Young Carers in Hull. Non-personal information will be shared with NHS Humber and North Yorkshire ICB for funding and monitoring purposes.

We will keep the information on this application form until the young carer is no longer eligible for this grant or the grant ends. The personal information will then be archived and then disposed of following our Data Retention and Destruction Policy (a copy can be made available upon request).

**Data sharing and contact consent - Please read the following statements and tick to confirm your agreement or leave BLANK if you DO NOT consent. If you do not consent, we may not be able to process the application.**

I agree that Hull City Council and NHS Humber and North Yorkshire Integrated Care Board can:

**□ Share or seek information with professionals or outside agencies (including** [**NHS Counter Fraud Authority**](https://cfa.nhs.uk/)**) with regard to matters relating to this application. I can withdraw this permission at any time.**

Every effort will be made to support, inform, consult and work in partnership with young carers and parents. However, we can disclose information without prior consent of young carer/parent if we believe a child or young person is at risk or likely to be at risk of significant harm.

We will disclose information to the Local Authority safeguarding team or the Police without consent if it is believed to be in the best interest of the child. We will not share information with a parent if this would put the child/young person at risk of significant harm. Any decision to share information without consent will be agreed by the designated safeguarding lead.

**I/we confirm to the terms and conditions of the Hull Young Carers Wellbeing Grant and to the data sharing to process grant applications.**

|  |
| --- |
| **Young Carers Details** |
| **Young Carers Name** |  |
| **Young Carers Signature** |  | **Date** |  |
| **Supporting Professionals Details** |
| **Supporting Professionals Name** |  |
| **Supporting Professionals Signature** |  | **Date** |  |
| **Parental/Carer Consent for young carers under 16 years old** |
| **Parent/Carer Name** |  |
| **Parent/Carer Signature** |  | **Date** |  |