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**CARERS AWARD APPLICATION**

**Please note-** This application form is for **carers** (all genders) and is specific to this years round of this award.

**Instructions**

Please refer to the Awards section of the ASI website for information on how these grants will be assessed.

* Enter the information listed below.
  + For YES/NO questions, delete as required
* Attach a 1-3 page CV
* Rename the form to “LASTNAME\_YYYY\_CARERS” and submit in pdf format as per website instructions.

**Please use this form to apply for up to $1,000. Examples include**:-

* Purchasing additional leave from employers to support caring responsibilities
* Purchasing additional childcare (incl. holiday programs) or professional caring services
* Supporting friends/family to visit (where/when COVID restrictions permit) to support caring responsibilities

**Personal Details**

Title:

Name:

E-mail:

Organisation Name:

Organisation Address:

Full or Part Time:

Position:

Brief description of current carer responsibilities:

(For example, number of children and ages and/or nature of carer responsibilities)

**ASI Membership**

|  |  |  |
| --- | --- | --- |
| ASI Membership Type: |  | |
| Are you a full (Ordinary or Student) ASI member | YES | NO |

Please provide a short breakdown of the proposed use of funds (up to AUD$1000) (approx. 1 paragraph)

For example, this could include:

* Costs for purchase of leave from employers to provide caregiving
* Additional days of formal caregiving support in home or at external facilities
* Travel and accommodation costs for others to support caregiving

We would appreciate if you could highlight why your approach is the most practical and/or cost-effective approach for you and your family.

**Please briefly outline how this award would support both your caring responsibilities and your work responsibilities**

(approx. 1-3 paragraphs)

NOTE: **Please attach a short (1-3 pages) CV** to the end of this application.