



Application for Financial Support from the Carers Information Fund

Name of Organisation:

Address:

Telephone:

Suggested project:

Details of the project:

Supports Identification of carers?

If so, how...

Raises awareness of carers' issues?

If so, how...

Please give detailed costs:



Declaration (to be signed by an office bearer of the organisation)

Signed: Name:

Office: Date:

Application approved in full	
Application approved for part payment of	
Application refused	
Date of CPG Meeting Approval	

Comments:

Signed:
(for Borders Voluntary Care Voice and on behalf of the Scottish Borders Carers Planning Group)

**Roxburgh House Court
Roxburgh St
Galashiels
TD1 1NY**

**Email to: admin@borderscarevoice.org.uk
For more information or queries call 01896 757290**

**Borders Voluntary Care Voice is a Scottish Charitable Incorporated Organisation:
(SCIO) SC043731**

<https://bordersvccf.sharepoint.com/User Groups/Carers Planning Group/Carers Information Fund Application Template.doc>