

# **Carer Respite Program (VIC)** 2024 Expression of Interest & Application Form

Our Carer Respite Program provides self-care and respite support to primary carers of people with CF in Victoria. As a member of CFCC you may apply for supports to allow you to take a break, work, study, improve your health and wellbeing and engage in other life enriching activities of your choice. You could also access professional childcare or respite services to enable you to have a break.

You are encouraged to think about the type of respite that would be most beneficial to you and your family's needs before submitting your expression of interest. If you need help to explore these ideas, please call us on 1300 023 222 to speak to one of our support workers.

Please complete all sections of the form below and send to <a href="mailto:support@cfcc.org.au">support@cfcc.org.au</a> and one of our support workers will call you to discuss your respite ideas.

#### Activities <u>must be approved prior to submitting receipts or invoice(s) for payment.</u>

Applications for 2024 will close on 1 December 2024 (or earlier if all funds have been distributed)

#### Your details

| Primary Carer Name:                 | □ I am a current CFCC member |                        |  |  |  |  |
|-------------------------------------|------------------------------|------------------------|--|--|--|--|
| Email:                              | Phone:                       |                        |  |  |  |  |
| Name of person with CF cared for:   |                              |                        |  |  |  |  |
| Do you identify as:                 | Aboriginal                   | Torres Strait Islander |  |  |  |  |
| In what country were you born?:     |                              |                        |  |  |  |  |
| What languages are spoken at home?: |                              |                        |  |  |  |  |

### **Respite experience**

| What activities do you currently do for self-care and movies, walks, yoga etc): | respite? (e.g. coffee with friends, read a book, |  |  |  |
|---|--|--|--|--|
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| How often do you get to do these activities?:                                   |  |  |  |  |
| □ Once a year   | Every few months                                 |  |  |  |
| Once a month  | Once every couple of weeks                       |  |  |  |
| Once a week   | Several times a week                             |  |  |  |
| 🗆 Daily   | Several times a day                              |  |  |  |
| How much time do you spend doing these activities when you get to do them?      |  |  |  |  |
| □ < 30 mins   | 30 mins – 1 hour                                 |  |  |  |
| □ 1 – 2 hours   | □ 2 – 3 hours                                    |  |  |  |
| □ 4+ hours  |  |  |  |  |
|   |  |  |  |  |

## **Respite recipient(s)**

| Name | Address | Birthdate | Gender |
|------|---------|-----------|--------|
|      |         |           |        |
|      |         |           |        |
|      |         |           |        |
|      |         |           |        |
|      |         |           |        |

## Request details – complete all sections below

Please provide details of all respite activities being applied for. Place numbers from the key below into the Type of Respite column.

|                | # | Type of Resp    | ite   | Examples                                |                |                   |               |                              |              |  |
|----------------|---|-----------------|---|---|----------------|-------------------|---------------|------------------------------|--------------|--|
|                | 1 | Retreat         |   | A city staycation and a movie           |                |                   |               |                              |              |  |
|                | 2 | Wellbeing       |   | Massage, cooking class                  |                |                   |               |                              |              |  |
|                | 3 | Physical Health |   | Yoga, pilates, sports club membership   |                |                   |               |                              |              |  |
|                | 4 | Camp (          |   | Child with CF attends a holiday program |                |                   |               |                              |              |  |
|                | 5 |                 |   | Dinner with fine next town              | riends, transp | ort costs for     | rural members | s to attend (                | choir in the |  |
|                | 6 | Paid Carer Ho   | Hours Babysitter while you go to the gym, support worker while you have co with friends |   | ve coffee      |                   |               |                              |              |  |
|                | 7 | Other           |   |   |                |                   |               |                              |              |  |
| Activity Busin |   | Busin           | ess Name  | Start Date                              | End Date       | Anticipated hours | Cost (\$)     | Type of Res<br>(see table ab |              |  |
|                |   |                 |   |   |                |                   |               |                              |              |  |
|                |   |                 |   |   |                |                   |               |                              |              |  |
|                |   |                 |   |   |                |                   |               |                              |              |  |
|                |   |                 |   |   |                |                   |               |                              |              |  |
|                |   |                 |   |   |                |                   |               |                              |              |  |

| What do you hope to gain from this respite activity?  |                |  |  |  |  |
|---|----------------|--|--|--|--|
|   |                |  |  |  |  |
|   |                |  |  |  |  |
| ······  |                |  |  |  |  |
|   |                |  |  |  |  |
| □ I have spoken with CFCC about my respite needs  |                |  |  |  |  |
| $\Box$ I agree to provide feedback about the program via survey after the activity is completed   |                |  |  |  |  |
| $\Box$ Please make payment directly to the club / company - a copy of the invoice is attached     |                |  |  |  |  |
| □ Please reimburse me - a copy of tax invoice is attached, and my bank account details are below: |                |  |  |  |  |
| Name of Bank:   | Account name:  |  |  |  |  |
| BSB   | Account number |  |  |  |  |

#### **Privacy and consent**

□ I agree to the collection of the data on this form by CFCC and acknowledge that all personal information provided on this form will be placed on CFCC's database and used for purposes associated with its service and business operations / events. For further details, view CFCC's <u>Privacy Policy</u>.

CFCC welcomes feedback. You can provide feedback about our programs, services and events by visiting <u>www.cfcc.org.au/page/125/contact-us</u>.

#### How to apply

- 1. Complete all sections of the Carer Respite Program application form.
- 2. Send it to the CFCC Support Team at:

#### Email: <u>support@cfcc.org.au</u>

Post: 282 Neerim Rd, Carnegie VIC 3163 or 8 Parramatta Square, 49th Floor, Parramatta, Sydney 2150

- 3. We will aim to contact you about your application within five business days of receiving it.
  - Please call us on 1300 023 222 if your request is urgent.

## **Eligibility criteria**

You must be:

- A 2024 member of CFCC
- A resident of Victoria (required, since this program is funded by the Victorian Government)
- The primary carer of someone who has CF (e.g., parent, partner, sibling, friend)

#### Need more information?

If you have any questions or would like more information about our Carer Respite Program or any of CFCC's other services, contact us on:

Websitewww.cfcc.org.auEmail:support@cfcc.org.auPhone:1300 023 222