 **FEEDBACK REPORT**

When you applied for the Carers Resilience Enablement Grant you agreed to complete this Feedback Report and return it to us, together with evidence of the spend e.g. copy receipts, invoices, etc, within the timeframe specified on your application form. In order to understand whether the item or activity you received has helped, we would like to ask you a few questions. We are passionate about assisting carers and the people they care for so all feedback is valuable and may be used to secure further funding for this particular need. ***Failure to submit a Grant Feedback Report with relevant receipts may result in us asking for all or part of the grant monies to be returned and we will not be able to consider you for any future funding until these have been received.***

***If you need any help completing this form, please call us on 01736 756655***

|  |  |
| --- | --- |
| APPLICATION NO: | Amount received £ |
| What was the activity or item that this grant funded? | Repair or replacement of essential domestic equipment  Funding for private care equipment  Urgent break |
| If applicable how many carers took part in the activity? |  |
| If applicable how many supported people took part? |  |
| Did you do anything different to what was agreed on your application form? If so, please tell us what |  |

**What has the grant been spent on?**

Please give us a breakdown of what your grant was spent on below, indicating if receipts are enclosed (if not, please explain why)

|  |  |  |
| --- | --- | --- |
| Item/ activity | Actual Expenditure (£) | Receipts enclosed – please tick |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL** | **£** | |

**How has the activity or item benefitted you as a carer**

Please tell us what impact this item or activity had on your health and wellbeing and what difference this has made to you*.* ***(Please do not give any specific medical information, e.g. a health diagnosis as, under EU General Data Protection Regulations (2018) we are not permitted to hold this information)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Has this grant**  **activity or item** | **Very much so** | **A little** | **Neutral** | **Not much** | **Not at all** |
| **Improved your quality**  **of life and wellbeing** |  |  |  |  |  |
| **Reduced the need for additional support in your caring role** |  |  |  |  |  |

**If you feel this grant programme could be improved, please tell us how?**

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|  |

**CARERS STORIES**

We would love to hear more about your life as a carer, the impact that caring has on your health and wellbeing and how this grant has helped you. The more detail you are able to give us, the better. If you would be kind enough to tell us more, we can use this information (anonymously) to show Cornwall Council and NHS Kernow how vital this grant is in supporting carers.

**Please note, you do not have to complete this section.**

|  |
| --- |
| Please could you tell us a little bit about your caring role and how this affects your own health and wellbeing.  *Please do not give any specific medical information, e.g. a health diagnosis as, under EU General Data Protection Regulations (2018) we are not permitted to hold this information.* |
|  |
| How did taking part in the activity or having the item you purchased through this grant help you with your role as a carer? What difference has it made to you? |
|  |

**Thank you for completing this report. Please return to: grants@cornwallrcc.org.uk**