**Financial support for carers attending work-related events**

**Application Form**

Before completing this form, please ensure you have read and assessed your eligibility against the grant criteria detailed on the grant webpage:

<http://www.imperial.ac.uk/human-resources/working-at-imperial/benefits/children/carers-support/>

Once completed, this form should be submitted to your line manager for consideration. If approved, you may proceed to claim the amount through Finance’s My Expenses system.

Account Codes to be used to fund these expenses are Faculty-specific and are recorded on the webpage above. All claims must be in line with the College’s Expenses Policy and receipts must be presented on submission of your expenses claim.

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| **Personal Details** |
| **CID**  |  |
| **Full Name** |  |
| **Job Title** |  |
| **Department/Faculty**  |  |

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| **Details of work related event** |
| **Title of work-related event** |  |
| **Event Organiser** |  |
| **Event Location** |  |
| **Event Dates** |  |

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| **Proposal** |
| **Total Grant Requested (GB £)** *maximum £250* |  |
| **Please detail how the grant will be used** |
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| **By applying for this grant, you confirm that the following statements are accurate:*** You have caring responsibilities and nobody else at your home can provide the care;
* No alternative source of funding is available, e.g. from the conference/training etc. organiser or by other means, such as from research grant funding. Where relevant it is your responsibility to provide evidence that no alternative source of funding is available;
* The event/conference location is external to Imperial College;
* The grant is to cover costs outside of the routine everyday care costs you normally incur.

Print Name: Date:  |
| **Line Manager Approval**  |
| *For Line Managers: On considering this request please approve/decline (adding a reason if required) and return to the applicant. Please retain a copy for your own records.* **Request Approved** [ ] **Request Declined** [ ] If declined, please detail the reason for rejectionPrint Full Name: Date:  |