**Career Support Fund (incorporating the Returning Carer Scheme)**

The University of Cambridge launched the Career Support Fund (CSF) to mitigate the impact on careers due to the COVID pandemic and incorporating the Returning Carers Scheme which supports employees who have taken at least a 3-month career break due to caring responsibilities, or have been working part-time or reduced hours because of caring responsibilities (equivalent to three months or more). Applicants must be able to show how support provided through this scheme will provide a short-term boost to regaining career momentum. This application form seeks to gather information to support decision making and allocation of funds.

Applicants are advised to read the [Guidance Documentation](https://www.hr.admin.cam.ac.uk/career-support-fund) before completing this form.

Information provided will be used to assess the application against the eligibility criteria. Applicants are therefore advised to ensure that all relevant information is included. The level of personal information requested is to enable the Panel to target support to those with the greatest need. It is not obligatory to provide this information but doing so will strengthen the application.

**SECTION A – Contact details**

1. Please fill in your name.
2. Please tell us your email address.
3. How did you find out about CSF?
4. Which School / Non School Institution / UAS are you a member of?

*If unsure please check here* <https://www.cam.ac.uk/colleges-and-departments/department-a-z>

School of Clinical Medicine

School of Biological Sciences

School of Technology

School of Arts and Humanities

School of Humanities and Social Sciences

School of Physical Sciences

Non School Institution

Unified Administrative Services

1. Department / Faculty / Section.

6. Are you on a fixed term contract?

Yes / No

1. If you are on a fixed term contract, what is your contract end date?

Click or tap to enter a date.

1. Please select the option that best describes your role?

Academic

Research

Academic Related

Assistant

Other – please specify

1. What is your FTE (full time equivalent)?

0.1-0.2

0.2-0.4

0.4-0.6

0.6-0.8

0.8-0.99

1.0

**SECTION B - Reason(s) support is required and contextual information to support the application**

Are you applying to the CSF as your career has been or is being disrupted as a direct result of the pandemic, or due to a career break for caring responsibilities?

If due to Covid go to question 10

If due to a career break for caring responsibilities go to question 16

1. How much has your work capacity been disrupted / or do you expect it to be disrupted by COVID 19, including previous lockdowns?

Not at all

0% - 25%

25% - 50%

50% - 75%

More than 75%

It fluctuates

1. Has COVID 19 resulted in increased workload, more working hours or new responsibilities for you?

Yes

No

Maybe

Please briefly summarise the disruption to your work.

1. The University recognises that many staff will have faced difficulties in carrying out their usual duties during the COVID-19 pandemic. This may include access to labs and other resources due to building closures, access to primary data or opportunities to travel abroad to disseminate research or other circumstances. It may also include impacts as a result of shielding, caring responsibilities for children and/or other dependants, mental health issues such as heightened stress and anxiety over this period, or other disability related impacts.
2. Please briefly outline how the award will support the development of your career following the disruption due to COVID 19
3. Have you applied for any other funding to support your project?

Yes

No

Not applicable

If you ticked yes above please state the source of funding here:

1. How much funding are you requesting from the Career Support Fund?

Up to £2500

Up to £5000

More than £5000

Returning Carers

1. For your period of caring leave, which of the following apply (you can choose more than one):

* a return to work from a break your career for at least three months for caring in the last five years
* a current break in your career for caring responsibilities
* are due to go on a break in your career for caring responsibilities
* have been working part-time or reduced hours because of caring responsibilities (equivalent to three months or more)

1. Please briefly summarise the nature of your caring responsibilities over this time period
2. Please briefly outline how the award will support the development of your career following disruption due to or having had a 3 month (or longer) career break because of caring responsibilities, including working part-time or reduced hours because of caring responsibilities (unrelated to the Covid Pandemic).
3. Have you applied for any other funding to support your project?

Yes

No

Not applicable

1. Are you waiting to hear about support from another source?

Yes / No

1. How much funding are you requesting from the Career Support Fund?

Up to £2500

Up to £5000

More than £5000

**SECTION C – Detailed financial information of support required**

1. Please summarise how the funding will be used to support you - please include comprehensive breakdown of costs

TOTAL AMOUNT REQUESTED

Have you received funding from the CSF/ Returning Carers Scheme in previous years?

Yes

No

Haven’t applied before

1. If yes, under which scheme (RCF or CSF), how much funding did you receive and in what year?

**SECTION D**

**To be completed by the Head of Institution (or nominated deputy) and then returned to the applicant so they can complete Section F and submit the form by the appropriate Round deadline date.**

The Head of Institution (or nominated deputy) signs the application to confirm that the application is in line with the aims of the Scheme, that the items requested are of personal benefit to the member of staff, that there is no other source of funding and (if relevant) that there will be no adverse effect on colleagues.

|  |  |
| --- | --- |
| Signed (Head of Department) |  |
| Please print name: |  |
| Date |  |
| Name of Departmental Administrator - **Mandatory** |  |
| Email of Departmental Administrator - **Mandatory** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ACCOUNT CODE DETAILS REQUIRED** | | | | | |
| In order to avoid delays in fund transference (if the application is successful) the **Department code** and **Cost Centre code** are required up front. Central Finance will provide the Source of Funds and Transaction code when the fund transfer is actioned. Following successful applicant notifications, departments and recipients will be notified of fund transference at the appropriate time. | | | | | |
| **Entity** | **Department** (2 characters) | **Cost Centre** (4 characters) | **Source of Funds** | **Transaction code** | **Spares** |
|  |  |  | Central Finance provide this | Central Finance provide this | 0000 |

**SECTION E**

**Equality data that will be used for monitoring and reporting purposes only (please complete SECTION E once your Head of Institution’s signed and returned the document to you).**

It is voluntary to disclose the following information, but doing so will enable us to better understand the experience of staff from different groups and to examine whether or not we are meeting everyone's needs.

All responses are anonymous, the information disclosed will be treated in the strictest confidence, and all data stewardship will comply with GDPR regulations.

1. Are you ... (select all that apply)

A single parent

A parent of a child / children under 5

Parent of child / children aged between 5-11

Parent of child / children between 11-18

Parent of child / children with additional needs

Responsible for a dependent adult

Disabled

During the pandemic were you

Disproportionally affected by the pandemic (e.g. from a group identified as more vulnerable such as pregnant, or are BAME)

Shielding

1. Do you have a disability that meets the definition of the Equality Act 2010?

A disability is defined in law as a physical or mental impairment which has a substantial and long term adverse effect on someone's ability to carry out their normal day to day activities

Yes

No

Prefer not to say

1. If yes, please indicate which of the following applies to you:

A mental health condition (e.g. depression, schizophrenia)

A physical impairment or mobility issue

A social/communication impairment (e.g. speech and language or Asperger's /Autism)

Specific learning difference (e.g. dyslexia, dyspraxia or AD(H)D)

Blind or serious visual impairment uncorrected by glasses

Deaf or significant hearing impairment

Long standing illness/ condition (e.g. cancer, HIV, diabetes, heart disease or epilepsy)

Prefer not to say

1. What is your gender?

Woman

Man

Non-binary

Prefer not to say

Other

1. How would you describe your ethnicity?

Asian or Asian British - Bangladeshi

Asian or Asian British – Indian

Asian or Asian British - Pakistani

Chinese

Other Asian Background

Black or Black British African

Black or Black British Caribbean

Other Black Background

Mixed - White and Asian

Mixed - White and Black African

Mixed - White and Black Caribbean

Other mixed background

Arab

Gypsy - Traveller

Other ethnic background

Unknown

White - British

White - Irish

White – Other

**Please send the completed form to** [**career\_support\_fund@admin.cam.ac.uk**](mailto:career_support_fund@admin.cam.ac.uk)