**Career Support Fund**

The University of Cambridge has launched the Career Support Fund (CSF) to mitigate the impact caused by the pandemic and to support employees who have taken a 3-month career break due to caring responsibilities.

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 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.
2. Are you on a fixed term contract?

Yes / No

1. 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

1. What it 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**

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

[ ]  Not at all

[ ]  0% - 25%

[ ]  25% - 50%

[ ]  50% - 75%

[ ]  More than 75%

[ ]  It fluctuates

1. Please briefly summarise the disruption to your work.
2. Please briefly outline how the award will support the development of your career following the disruption due to COVID 19 or having had a 3 month (or longer) career break.
3. Has COVID 19 resulted in increased workload, more working hours or new responsibilities for you?

[ ]  Yes

[ ]  No

[ ]  Maybe

1. 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 a comprehensive breakdown of costs

TOTAL AMOUNT REQUESTED

1. Have you received funding from the Returning Carers Scheme in previous years?

[ ]  Yes

[ ]  No

[ ]  Haven’t applied before

1. If yes, how much funding did you receive?

**SECTION D – Declaration that you meet the eligibility criteria**

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

[ ]  Unable to work from home due to nature of research or teaching activity

[ ]  Disabled

[ ]  I am from a group that is disproportionally affected by the pandemic (e.g. pregnant, BAME)

1. Do you have significant caring responsibilities for an adult dependant? Significant means someone who is unable to cope without your support.

Yes / No

1. Have you experienced significant bereavement due to the COVID-19 pandemic? Note significant bereavement includes the death of an immediate family member in COVID -19 circumstances or the loss of multiple family members.

Yes / No

1. Have you been shielding?

Yes / No

**SECTION E**

**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** |
| U |  |  | Central Finance provide this | Central Finance provide this | 0000 |

**SECTION F**

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

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?

**Please send the completed form to** **career\_support\_fund@admin.cam.ac.uk**