**Returning Carers Scheme Application Form**

The Returning Carers Scheme supports employees who have taken at least a 3-month career break, or break from work, due to caring responsibilities or have been working part-time or reduced hours due to caring responsibilities (equivalent to three months or more) within the last two years. Applicants must be able to show how the funds provided through this scheme will improve or support their career. This application form seeks to gather information to support decision making and allocation of funds.

Applicants are advised to read the [**Applicant Information Pack**](https://www.hr.admin.cam.ac.uk/files/rcs_applicant_information_pack_020224.docx) 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.

**SECTION A – Contact details**

1. Please fill in your name.
2. Please tell us your email address.
3. How did you find out about RCS?
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**

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 two 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, including working part-time or reduced hours because of caring responsibilities.

**You do not need to provide a full breakdown of costs until Section C of the application.**

1. Have you applied for any other funding to support your project?

Yes

No

Not applicable

If yes, please provide details:

1. How much funding are you requesting from the Returning Carers Scheme?

Up to £2500

Up to £5000

More than £5000

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

1. Please provide a comprehensive breakdown of costs by completing the below table with the items/equipment that the requested funding will be used for. Add more rows as needed. Receipts/invoices/quotes will be required as evidence of proposed expenditure.

**Please note, successful applicants will be required to complete an evaluation report within twelve months of receipt of funding where evidence of all expenditure must be provided.**

TOTAL AMOUNT REQUESTED

|  |  |  |
| --- | --- | --- |
| Description of Item | | Cost |
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| £ |

Have you received funding from the CSF/ RCS in previous years?

Yes

No

Haven’t applied before

1. If yes, under which scheme (RCF or CSF), how much funding did you receive, what was it for 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 E 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** |  |

**Please make sure the account code details on the following page are provided. Applications cannot be processed without these.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 the collection of personal information is crucial to ensuring fairness, equity, and compliance with legal requirements in our application process. By understanding the demographic makeup of applicants, we can proactively monitor for potential biases or disparities during the selection process. This information also helps us assess the effectiveness of our outreach efforts, ensuring that our funding opportunities reach a diverse range of staff. Identifying any underrepresented groups allows us to provide additional support where needed.

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

Please state your date of birth

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

Religion

No religion

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

Any other religion and belief

Prefer not to say

Ethnicity

Asian - Bangladeshi or Bangladeshi Britain

Asian - Chinese or Chinese British

Asian - Indian or Indian British

Asian - Pakistani or Pakistani British

Any other Asian Background

Black - African or African British

Black - Caribbean or Caribbean British

Any other Black background

Mixed - White and Asian

Mixed - White and Black African

Mixed - White and Black Caribbean

Any other Mixed or Multiple ethnic background

White - English, Scottish, Welsh, Northern Irish or British

White - Gypsy or Irish Traveller

White - Irish

White - Roma

Any other white background

Arab

Any other ethnic background

I do not know my ethnic background

Prefer not to say

Marital Status

Never married and never registered in a civil partnership

Married or in a registered civil partnership

Separated (but still legally married or in a civil partnership)

Divorced or formally in a civil partnership which is now legally dissolved

Widowed or the surviving partner from a registered civil partnership

Co-habiting

Prefer not to say

Sexual Orientation

Asexual

Bisexual

Gay or lesbian

Heterosexual or straight

Other sexual orientation

Prefer not to say

Queer

Sex

Male

Female

Other

Prefer not to say

Is the gender you identify with the same as your sex registered at birth?

Yes

No

Prefer not to say

Gender identity

Man (including transman)

Woman (including transwoman)

Nonbinary

Any gender not covered by the above

Prefer not to say

Do you have an impairment, health condition or learning difference that has substantial and long-term impact on your ability to carry out normal day-to-day activities?

Yes

No

Prefer not to say

Please specify

Learning difference such as dyslexia, dyspraxia or AD(HD)

Social/communication conditions such as a speech and language impairment or an autistic spectrum condition

Long-term illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy

Mental health condition, challenge or disorder, such as depression, schizophrenia or anxiety

Physical impairment (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)

Deaf or have a hearing impairment

Blind or have a visual impairment uncorrected by glasses

Development condition that you have had since childhood which affects motor, cognitive, social and emotional skills, and speech and language

No known impairment, health condition or learning difference

An impairment, health condition or learning difference not listed above

Prefer not to say

**Please send the completed form to** [**ReturningCarers@admin.cam.ac.uk**](mailto:ReturningCarers@admin.cam.ac.uk)