**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 |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| £ |

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**