



Application Form for UK Holiday Grant for Carer 2026

Grant No:

Please complete **ALL** relevant sections of this form as fully as possible, including ticking T&C and permissions. We **will not** be able to process application forms that are incomplete and unsigned. **It is important you carefully read the Criteria, terms and conditions and guidance as failure to meet these could result in an automatic decline - these can be found on our website**

SECTION A: PERSONAL DETAILS

Details of applicant/carer

Surname:	First Name:	Mr/Mrs/Miss/Ms
Address:		
Post code:		
Tel. No.	Email address:	
Details of cared for person		
Name:		
Date of birth:	Age:	
Relationship to you: e.g. Mother/son		
Address (if different from above)		
Tel No.	Email address:	

SECTION B: CRITERIA/ELIGIBILITY

Please answer the following:

You are the main unpaid carer of the disabled person you care for	Yes/No
You are in receipt of a means tested benefit (Universal Credit/Pension Credit)	Yes/No
You are in receipt of carers allowance	Yes/No

The grant will be used for the carer to have a break away while the person cared for will be looked after for at home	Yes/No
Have you had a holiday this year by any other means?	Yes/No
Have you lived in the UK for 6 months or more?	Yes/No
Does the person with the disability meet the 'definition of disability' from the Equality Act? THIS MEANS - a physical or mental impairment that has a substantial and long-term effect on your ability to do normal daily activities. NOTE: substantial means more than minor or trivial, e.g., it takes longer than usual to get dressed. Long-term means for 12 months or more, e.g., a breathing condition that develops as a result of a lung infection	Yes/No
Can the person you care for be left alone?	Yes/No
If your answer is no, can you confirm you have arranged their care while you go away	Yes/No
When was your last break away from the person you care for (year)	
Is the person you care for in receipt of Attendance Allowance, DLA or PIP?	Yes/No

SECTION C: PROPOSED HOLIDAY

Please note that grants are awarded for the ACCOMMODATION part of a holiday and are only awarded for holidays taken in the UK. Payment is made by BACS direct to the holiday venue/organisation. We will NOT issue payments directly to the applicant.

Holiday in the UK (Please Tick) Month of proposed holiday (if known)

Please confirm the name, address, and relationship of the person you are taking with you or if you are going alone. Grants are for a maximum of two people.

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If the cost of the holiday is more than the amount of grant applied for, please advise how you will pay for the shortfall:

Other funding applications Social Services Funding yourself

SECTION D: YOUR SITUATION

1) What type of care/support do you provide and how many hours a week?

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2) What aspects of your life are affected due to your caring role (such as health/emotional/social)?

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SECTION E: INCOME DETAILS

Please write in the weekly/monthly amount you receive for each benefit/source of income.

Please include amounts for ALL household members that receive benefits/income. If no benefit is received, please put in '0'

Benefits	Income for all household	Delete as Applicable	FOR OFFICE USE
Universal Credit BEFORE ANY DEDUCTIONS	£	Weekly/monthly	
DLA/PIP	£	Weekly/monthly	
Carers Allowance	£	Weekly/monthly	
Employment Full or Part time	£	Weekly/monthly	
Employment Support Allowance	£	Weekly/monthly	
Housing Benefit	£	Weekly/monthly	
Pension	£	Weekly/monthly	
Pension Credit	£	Weekly/monthly	
Child Benefit	£	Weekly/monthly	
Maintenance	£	Weekly/Monthly	
Other Income/benefits	£	Weekly/monthly	

Do you have any savings? Please tick

No	<input type="checkbox"/>	Less than £500	<input type="checkbox"/>	£500-£2000	<input type="checkbox"/>	Over £2000	<input type="checkbox"/>
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How many people are there living in your household?

Adults Children
(0-17 years or adults in further education)

Any other low-income information you wish to tell us about.

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(If we can proceed, evidence of all your benefits will be required such as letters from the benefit agencies and copies of 1 month's recent bank statements for all adults living in your household)

(Registered Charity No. 286306)

PLEASE NOTE THAT IF YOU HAVE ALREADY BOOKED AND PAID FOR A HOLIDAY, WE WILL NOT BE ABLE TO AWARD YOU A GRANT. THE GRANTS THAT WE OFFER ARE MODEST GRANTS BETWEEN £250 - £550.

- i. I confirm the information provided in this application is true and complete and I agree to The 3H Foundation's Terms and Conditions: (*These can be found on our website or requested separately*)
- ii. I understand that providing false or misleading information may result in my application being automatically rejected.
- iii. I understand that in order to comply with the Data Protection Act 2018 and for The 3H Foundation to administer my/our application, I/we give permission for you to keep this information on file.
- iv. All your personal data will be kept confidentially by 3H for a time deemed necessary. 3H will forward your personal data to the necessary parties who will have been made aware of their obligations to abide to all aspects of the new data regulations and particularly in respect of confidentiality and safe keeping.
- v. We will require you to complete a post-holiday questionnaire to aid future grants and support fundraising.

Agree

We may use feedback or details to help improve our service, report back to donors or for promotional purposes, using first name or initials. Please let us know if you prefer your comments not to be used.

I give permission for The 3H Foundation to publish any photographs in newsletters, leaflets, on their website and/or for reporting back and promotional purposes. (this will be in first name format only)

Agree

Disagree

Signed: Date:2026

Name (Please print):

Please return this form to: **Grant Administrators by email to: 3hgrants@the3hfoundation.org.uk**
OR POST TO: **The 3H Foundation, B2 Speldhurst Business Park,
Langton Road, Speldhurst, Tunbridge Wells, Kent TN3 0AQ**

To process your application please ensure all boxes are ticked and the form has been fully completed and signed.