**Essential Life Skills**

**Grants for young people**

Directly investing in young people

# Application Form

# This application form is to be completed by the young people using their own words

# ****Section 1 – About You / Your organisation****

| Q1. Your details  |
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| --- | --- |
| **Your Name (Lead young person)** |  |
| **Your Address / Organisations address** |  |
| **Contact telephone number / s** |  |
| **Email Address**  |  |

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| --- | --- |
| **If your application is for a group please give us the group’s name** |  |
| **What type of group is this?** (Voluntary, Community, Faith etc) |  |
| **How many young people will benefit from the grant / your idea?** |  |
| **Which is the educational establishment, employer or voluntary organisation who is endorsing this application?**  |  |
| **Who is the contact at there?** **Name and contact details** (phone / email if different from above) |  |

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**Section 2: About Your idea**

| Q2. Please tell us what you want the grant money for.  |
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| Q3. Please tell us which of the Essential Life Skills your idea covers |
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| Please tick all the essential skills that will be supported by your ideaoutlined below:

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| --- |
| Resilience, perseverance and persistence |
| Hard work, self-control, discipline and good timekeeping |
| Self-confidence, leadership and team working |
| Honesty, integrity and engaged citizenship |
| Attitude, respect and empathy |
| Curiosity and problem solving |

is the organisation managed? (eelected Committee, Steering Group, Managrds)monitoring requirements  |

| Q4. How will you know if there is any benefit to those who take part in your plans?  |
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| Q5. Which neighbourhood will people come from to take part in your plans?  |
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|  |  |  |
| --- | --- | --- |
|  | Bradford West | Bradford South |
|  | Bradford East | Shipley |
|  | Keighley |  |

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| Q6. What age range of those who will take part in your idea? (needs to be between 11 and 19 yrs)  |
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| Q7. How will your proposed activity improve social mobility in Bradford?  |
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**Section 3: Project Finances**

| Q8. Please indicate how much money (£) you wish to apply for (this should be no more than £1,000) and how this would be spent |
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| For the period February 2019- May 2019 or March – July 2019

|  |  |
| --- | --- |
| Details  | Amount £ |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total**  | **£** |

Are you asking for the whole amount to realise your idea ? – if you need more money, where will you get this money from?  |

**Section 4: Other Information (for organisation/ group applications only)**

| Q9. Please indicate which of the following policies and procedures your supporting organisation has in place.  |
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|  |  |  |
| --- | --- | --- |
| Organisation Policy / Procedure / Operating guidelines  | Yes | No |
| Child Protection / Safeguarding Procedures |  |  |
| Data Protection / GDPR compliance  |  |  |
| Equal Opportunities and Diversity |  |  |
| Health and Safety |  |  |
| Risk Assessments for the activities and venues to be used |  |  |
| Volunteering Procedures |  |  |
| Financial Procedures |  |  |
| Have all staff and volunteers been DBS checked? |  |  |
| Do they have public liability / employer’s liability insurance?  |  |  |
| Do they have qualified first aiders in attendance at each session?  |  |  |
| Do they have a system of consent in place for off site activity?  |  |  |

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| If you have answered No to any of the questions above please explain below:  |

**Section 5: Declaration**

| By completing this section you are confirming that : * All the information on this application form is true and correct and providing false or misleading information will render this application void / invalid
* If your idea is funded you would be required to have a registration system that captures details of young people taking part in the activities including names, postcodes and dates of birth. GDPR Permissions will need to be arranged to allow this information to be submitted as part of the Grant monitoring process.
* That this application (if a grant is awarded will be used to form the basis of the Grant Agreement.

This application needs to be signed by two people, one as the lead young person and the other from the sponsoring employer, educational establishment or voluntary organisation  |
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| **Person 1 – Applicant / Organisation representative**

|  |  |
| --- | --- |
| Name |  |
| Position within organisation |  |
| Signature |  |
| Date |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Person 2 – Supporting Employer /Educational Establishment/Voluntary Organisation**

|  |  |
| --- | --- |
| Name |  |
| Position within organisation |  |
| Signature |  |
| Date |  |

If you are unable to provide an electronic signature within this application form please complete the details above so far as you are able and confirm by email when submitting the form that your Governing Body / Management Committee are aware of content and are supporting the application. |  |

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**Section 6: What to do next**

Please submit an electronic copy of your application form to:

jackie.fawthrop@bradford.gov.uk

All submissions **MUST** be made by the following **DEADLINES:**

**10th March 2019 for Round 1**

**31st March 2019 for Round 2**