# **Self – Care Innovation** Funding 2018/19

# Application Form

**A: About your organisation**

1. Name of organisation

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1. Address & contact details of organisation

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| **Address** |  |
| **Main contact person** |  |
| **Phone number** |  |
| **Email** |  |
| **Website** |  |

1. Is your organisation a:

Registered Charity? Yes No Charity no

Company? Yes No

 CIC? Yes No CIC Incorp No

Social Enterprise? Yes No

Voluntary Organisation Yes No

1. When was your organisation formed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Does your organisation’s governing document allow you to operate in the West London CCG area? Yes No
3. How many people are involved in your organisation

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| --- | --- |
| Directors, trustees or management committee members |  |
| Full-time staff |  |
| Part-time staff |  |
| Volunteers |  |

1. What is the main purpose of your organisation?

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1. Does your organisation have a UK bank account? Yes No
2. Name & address of your bank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What is your annual income (this should come from your annual accounts)?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 2015-16 | £ | 2016-17 | £ | 2017-18 | £ |

1. Does your organisation have Employers Liability Insurance? Yes No
2. Does your organisation have Public Liability Insurance? Yes No
3. Are you registered for VAT? Yes No
4. If you are registered for VAT, please enter your number
5. Does your organisation have an externally accredited Quality Mark? Yes No eg, advice quality standard, Quality in Befriending, CQC registration

If yes, please list

1. Does your organisation have the following policies in place? \*requires you to insert document

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| --- | --- | --- | --- |
|  | Yes | No | Insert document here |
| Business Continuity Plan\* |  |  |  |
| Complaints Procedure (required) |  |  |  |
| Confidential Information/Data protection policy\* |  |  |  |
| Counter-fraud & Security Management Policy |  |  |  |
| Customer Care Policy |  |  |  |
| Environmental Policy |  |  |  |
| Equal Opportunities Policy \* |  |  |  |
| Health & Safety Policy \* |  |  |  |
| Information, Communication & Technology Policy |  |  |  |
| Intellectual Property Rights Policy |  |  |  |
| Safeguarding Children Policy \* |  |  |  |
| Safeguarding Adults Policy \* |  |  |  |
| Whistleblowing Policy |  |  |  |
| Mental capacity act\* |  |  |  |

1. Will all staff and volunteers working directly or indirectly on the proposed service have an up to date enhanced DBS? Yes No
2. If your organisation is delivering self-care services in Kensington & Chelsea, Queen’s Park or Paddington, please outline

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| **SERVICE/PROJECT 1** |
| Name |  |
| Brief Summary |  |
| Funder |  |
| Expiry of funding |  |

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| **SERVICE/PROJECT 2** |
| Name |  |
| Brief Summary |  |
| Funder |  |
| Expiry of funding |  |

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| **SERVICE/PROJECT 3** |
| Name |  |
| Brief Summary |  |
| Funder |  |
| Expiry of funding |  |
| **SERVICE/PROJECT 4** |
| Name |  |
| Brief Summary |  |
| Funder |  |
| Expiry of funding |  |

**B: About Your Proposed Innovative Service**

1. Name of proposed service

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1. Description of your proposed service. What will it involve, including an outline of the service sessions that will be offered to each service user, how long a session will last, what the session will cover, etc.

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1. Who will benefit from your proposed service? And anticipated number of service users reached?

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1. How many sessions will you deliver per service user/person? Over what period?

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1. If appropriate, how have you involved service users in the development and running of your proposed service?

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1. What is your organisation’s experience of developing and delivering new innovative ideas?

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1. Describe how your proposed service will meet the any/all of the following outcomes; *Reduce isolation; promote Self Care, improve the health and wellbeing of people in the community that are most in need; focus on prevention, empowerment and project sustainability.*

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1. How will you measure these outcomes?

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1. How will you sustain your proposed service when funding comes to an end? This fund is intended to support a service for 12 months from 1st September 2018 to 31st August 2019. Describe your exit strategy.

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**Financial Details of your proposed service**

1. What is the cost of your proposed service? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Are any of the costs associated with your proposed service funded by other sources? Yes No

Please attached a detailed budget for your proposed service to your application.

**SUBMITTING YOUR APPLICATION**

Please send this form by email to hayley@kcsc.org.uk at Kensington & Chelsea Social Council **no later than 9th July 2018 10am.**

***Please attach to the email:***

* **A detailed budget for this service**
* **Your most recent externally examined accounts**
* **A signed and dated copy of your governing document**