# North Kensington Self–Care Funding 2020/21

# 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 Company no

Faith group

 Yes No CIC incorp no

Social Enterprise Yes No

Community group Yes No

Residents Association 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

|  |  |
| --- | --- |
| 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)?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 2016-17 | £ | 2017-18 | £ | 2018-19 | £ |

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 | YES | NO | INSERT DOCUMENT\* |
| Business Continuity Plan\* |  |  |  |
| Information governance |  |  |  |
| Data protection/GDPR |  |  |  |
| Equal & Diversity Policy  |  |  |  |
| Health & Safety Policy \* |  |  |  |
| Safeguarding Children Policy \* |  |  |  |
| Safeguarding Adults Policy \* |  |  |  |
| Mental capacity act\* |  |  |  |
| OTHER - Details of other policies: |  |  |  |

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 |  |

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

**B: About Your Proposed Service**

1. Name of proposed service

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1. Description of your proposed service. What will it involve, include an outline of the service sessions that will be offered per service user from the first point of contact to delivery of sessions including how long a session will last, what the session will cover, etc.

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1. Total number of service users/How many people will benefit from your service?

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|  |

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

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1. How will you involve service users in the running of your proposed service?

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1. Do you have any experience using a CRM system to receive client information and record monitoring information - please explain.

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1. How will you sustain your proposed service when funding comes to an end? Describe your exit strategy.

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**Financial details of your proposed service**

1. What is the cost of your proposed service? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please break down this information as a unit cost (including admin time) per session/per client in an attachment.***

1. Are any of the costs associated with your proposed service funded by other sources? Yes No

**SUBMITTING THIS FORM**

Please send this form by email to hayley@kcsc.org.uk at Kensington & Chelsea Social Council **no later than 2nd March 2020 10am.**

Do not forget to attach:

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