**VOLUNTARY SECTOR MENTAL HEALTH SELF-CARE PROJECT 2018 -2019**

**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 charity 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

PLEASE PROVIDE A SIGNED AND DATED COPY OF YOUR GOVERNING DOCUMENT

1. 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)?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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?

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Business Continuity Plan |  |  |
| Complaints Procedure (required) |  |  |
| Confidential Information Policy (required) |  |  |
| Counter-fraud & Security Management Policy |  |  |
| Customer Care Policy |  |  |
| Environmental Policy |  |  |
| Equal Opportunities Policy (required) |  |  |
| Health & Safety Policy (required) |  |  |
| Information, Communication & Technology Policy |  |  |
| Intellectual Property Rights Policy |  |  |
| Safeguarding Children Policy (required where relevant) |  |  |
| Safeguarding Adults Policy (required where relevant) |  |  |
| Whistleblowing Policy |  |  |
| 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 |  |

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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 |  |

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

**B: About Your Proposed Self-Care Service**

1. Name of proposed self-care service

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1. Description of your proposed self-care 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. Who will benefit from your proposed self-care service?

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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. If appropriate, how have you involved service users in the development of your proposed self-care service?

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

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1. Which self-care outcome(s) will your project deliver? (tick as appropriate below)

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| --- | --- |
| **Outcomes:** | **Tick**  |
| 1: Enabling people to take more control of their mental & physical wellbeing |  |
| 2: Helping reduce social isolation |  |
| 3: Empowering and supporting people to lead full lives as active participants |  |
| 4: Supporting ‘help seeking’ and ‘health seeking’ behaviour change |  |
| 5: Supporting people to have a strong voice through community & CCG structures |  |

1. Describe how your proposed self-care service will meet the outcomes you have ticked

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1. How will you measure these outcomes?

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

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**Financial Details of your proposed self-care service**

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

PLEASE PROVIDE A DETAILED BUDGET FOR YOUR PROPOSED SELF-CARE SERVICE

**SUBMITTING THIS FORM**

Please send this form by email to Sara Murphy, Communication & Monitoring Officer at Kensington & Chelsea Social Council: sara@kcsc.org.uk **no later than 5pm 15th January 2018**

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**