**Application Form**

1. **Young People’s Details – who will be leading this application**

|  |
| --- |
| **Young Person 1** |
| Name |  |
| Age |  |
| Contact number |  |
| Email |  |
| What is your connection with Kensington and Chelsea? | Live / Work / Study (delete as appropriate) |
| Would you be interested in becoming a member of a steering group for Young K&C? |  |

|  |
| --- |
| **Young Person 2** |
| Name |  |
| Age |  |
| What is your connection with Kensington and Chelsea? | Live / Work / Study (delete as appropriate) |
| Would you be interested in becoming a member of a steering group for Young K&C? |  |

|  |
| --- |
| **Young Person 3** |
| Name |  |
| Age |  |
| What is your connection with Kensington and Chelsea? | Live / Work / Study (delete as appropriate) |
| Would you be interested in becoming a member of a steering group for Young K&C? |  |

1. **About your Organisation or Project**

|  |  |
| --- | --- |
| Organisation / Project Name |  |
| When will activities take place? |  |
| How many young people will participate (estimate)? |  |

1. **Full Description**

|  |
| --- |
| **Tell us about your organisation. What are the aims? What activities do you currently deliver with young people in Kensington and Chelsea? (200 words max)** |
|  |
| **Tell us about the project that you are applying for. What will your organisation or project do? How will this help deliver the aims of the Young Adult Mental Health Pathway? How will it help to make a difference for young adult’s mental health? (200 words max)** |
|  |
| **Why did you decide to do this? How have you involved young people in deciding what to do? (200 words max)** |
|  |
| **Describe the young people who will be involved. How will they be involved? How do you think this project will help them? (200 words max)** |
|  |
| **How will you make sure that your activities are welcoming, inclusive and accessible for all participants? (200 words max)** |
|  |
| **How will you collect data and evidence to demonstrate the impact of your project (the difference that your activities make to the participants)? (200 words max)** |
|  |
| **How will you advertise your project and let local young people know what’s going on? (100 words)** |
|  |

1. **Budget**

Please complete the table below with the proposed project breakdown cost. You can apply for costs including staff costs, equipment, overheads, materials, resources. Please use the column on the right to show how you have calculated your costs, eg 2 staff x £12 per hour x 40 hours = £960

|  |  |
| --- | --- |
| Detail of Item/Expenditure | Cost  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total Requested:**  |  |

1. **Organisation Details**

|  |  |
| --- | --- |
| Organisation name |  |
| Organisation address |  |
| Contact person’s name and job title |  |
| Email address |  |
| Phone number |  |
| What is your organisation’s legal status, eg Charity or CIC or unregistered organisation? |  |
| Charity Number and/or Company Number |  |
| Website address |  |
| Social media |  |
| What are your usual opening hours? |  |
| How many volunteers does your organisation have? |  |
| Have you provided up to date information on your organisation and activities for on the Young K&C website?(If not, you can register now at <https://youngkandc.org.uk/partner/register> |  |
| Are you willing to join the Kensington & Chelsea and Westminster Young Adult Mental Health and Wellbeing partnership and attend meetings where necessary. |  |

**Bank Details**

|  |  |
| --- | --- |
| Name on Bank Account |  |
| Name of Bank/Building Society |  |
| Account number |  |
| Sort code |  |

**Agreement and Consent**

I hereby certify that the information provided in the application form is correct as to the best of my knowledge.

**Yes** [ ]  **No** [ ]

We are required to ask for your permission to record details of your organisation. The records of your organisation will be stored on our database. Your organisation and project details will be shared with NHS North West London and RBKC for the purposes of operating this grant programme. They may also be processed anonymously to analyse the state of the voluntary sector and provision for children and young people in Kensington and Chelsea. Do you give consent to Young K&C recording information about your organisation and contact details.

**Yes** [ ]  **No** [ ]

I wish to receive Young K&C’s email newsletter.

**Yes** [ ]  **No** [ ]

|  |  |
| --- | --- |
| Signature of Senior Staff member, Trustee or Director |  |
| Date |  |

**Documents to send with this application**

* **Safeguarding Policy**
* **Equalities monitoring form**
* **1 recent bank statement (from last 3 months), showing the name and address of your organisation**
* **Insurance certificate for public liability and employers’ liability insurance cover**
* **Risk assessment for your project**

**Please email to** **info@youngkandc.org.uk****.**