

## Healthwatch B&NES Community Pot Application Form

If you require support to complete this application, please contact Healthwatch B&NES  
T: 01225 232 401 or E: [info@healthwatchbathnes.co.uk](mailto:info@healthwatchbathnes.co.uk)

*NOTE: The text boxes will expand as you type.*

### SECTION A: YOUR ORGANISATION

1. Name of Organisation	
2. Full Address of Organisation (for correspondence)	

#### 3. Contact details

Main Contact		Secondary Contact	
Name		Name	
Position		Position	
Telephone		Telephone	
Mobile		Mobile	
Email		Email	

#### 4. Briefly describe the main activities of your organisation

#### 5. Details of your organisation

Are you a community group/society?	Yes / No		
Are you a registered charity?	Yes / No	Charity Number	
Are you a company?	Yes / No	Company Number	
Other			
Are you a locally managed organisation?	Yes / No		
Are you part of a larger regional or national organisation?	Yes / No		

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### 6. Public Liability Insurance

Do you have Public Liability Insurance in place?	Yes / No
Name of Insurer	
Policy Number	
Date of Expiry	
Level of Indemnity	

### 7. Safeguarding

Does your project involve working with children or adults at risk?

Yes/No

If you have answered 'Yes' to question 7 you must answer the supplementary questions below

a. Do you have a Child Protection Policy?

Yes/No/Not applicable

b. Do you have a Safeguarding adults at risk policy?

Yes/No/Not applicable

c. Have you undertaken Disclosure and Barring Service (DBS: formerly CRB) checks for staff, volunteers and helpers?

Yes/No/Not applicable

## SECTION B: THE PROJECT

### 8. Focus of project

Please state clearly what issue(s) your project will look at

### 9. Outputs and outcomes of project

Please state what the outputs and outcomes of the project will be

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**10. The need for project**

Briefly outline why this project is of relevance to B&NES residents and what benefits it will bring

**11. Proposed Methodology**

Please outline the methodology you will use to undertake the project

**12. Considerations**

Briefly outline considerations you will have to make when designing and conducting the project and how you will ensure these are adequately negated. Example areas include: Data Protection, Ethical considerations etc.

**13. Dissemination of Project**

Outline your plan for the dissemination of the project report to ensure maximum impact.

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### 14. Timescale of Project

Outline the proposed timescale for the project

Component of the Project	When will this take place?
<b>Designing the Project</b>	
<p><b>Delivering the Project</b> (if you are using more than one method for gathering data (e.g. questionnaires and interviews) please indicate when the different elements will take place. This section must include milestones which will be achieved along the course of the project. As part of your Memorandum of Understanding with Healthwatch B&amp;NES, we may agree to check in with you halfway through your project to see how you are progressing against your milestones.</p>	
<b>Analysing and Writing-Up the Findings</b>	
<b>Dissemination of the Final Report</b>	

### 15. Relevance to the aims of Healthwatch B&NES

Please detail how this project meets the aims of the Healthwatch B&NES

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### SECTION C: FUNDING DETAILS

#### 16. Financial Request

How much money are you applying for? £

#### 17. Project Budget/ Budget Form

Please provide details of costs for your project on a full cost recovery basis. If any of your costs do not fit into these heading please list them in “other costs”. Tell us in the “description of costs” column what each item is and how much it is costing.

Type of Cost	Description of Cost	Total Cost £ (inc. VAT)
<b>Staff and volunteer costs</b> e.g. salaries	• • •	• • •
<b>Operational/activity costs</b> e.g. equipment hire or venue hire, food/refreshments, childcare	• • •	• • •
<b>Office, overhead, premises costs</b> e.g. rent, postage, telephone/fax, heating/lighting/water	• • •	• • •
<b>Publicity Costs</b> e.g. designing and printing publicity material	• • •	• • •
<b>Other Costs</b> (please specify)	• • •	• • •
<b>Total Cost of your research project</b>		£

#### 18. Declaration

We agree to abide by the terms and conditions of the Healthwatch B&NES Community Pot as they are set out in this application form and in the accompanying Terms and Conditions Agreement, and understand that any offer of a grant will be subject to our proposed work remaining within grant criteria. We agree to participate in monitoring, auditing and evaluation related to this fund.

Our signatures confirm our acceptance of these conditions.

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### Organisation Chair, Secretary, CEO or equivalent

Signature (*please sign*)

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Name (*please print or type*)

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Date

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### Second Signature

Position in organisation  
*please type*

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Signature  
*please sign*

--

Name  
*please print or type*

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Date

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## SECTION D: WHAT NEXT?

Please ensure that you have completed **all** sections of the application form and have the enclosures ready. Send a signed copy to:

Healthwatch B&NES  
The Care Forum  
The Vassall Centre  
Gill Avenue  
Fishponds  
Bristol BS16 2QQ

Alternatively you can submit the application form and accompanying documents electronically by emailing them to E: [info@healthwatchbathnes.co.uk](mailto:info@healthwatchbathnes.co.uk)

Electronic applications must be signed.

To avoid your application being rejected before the Executive Board meet, please make sure you have completed **all** questions on this form.

**NOTE:** If you would like us to acknowledge receipt of your application, please provide an email address.

**The deadline for applications is 12pm (midday) on Wednesday 31 March 2021**