Pre-Questions

**Part One: To be completed by young people**

Please answer the following questions. If you answer “NO” to any of the questions, you are not eligible to apply – but email us to double check.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **My application is for a trip, event or equipment?** | **Trip/Event** |  | **Equipment** |  |
| **I live in the Tottenham Constituency?** | **Yes** |  | **No** |  |
| **My youth project in the Tottenham Constituency?** | **Yes** |  | **No** |  |

Tell us about you:

*We use this information to check if you’re allowed to apply – you need to be aged 11-19 years old and live in the Tottenham constituency. We use your email to let you know our decision and ask you more questions if we need to.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Your name** |  | **Gender** |  |
| **Your full postcode (Home)** |  | **Your Age** |  |
| **Your email address** |  |

Tell us about your supporting organisation

*Your supporting organisation needs to be based in the Tottenham constituency. They need to complete part two of the form to agree to the funding. If the address is different to where the activity is taking place, please say in the last question. (i.e. if your organisation is based in Islington but this bid is for a session run in Tottenham).*

|  |  |
| --- | --- |
| **Name of organisation** |  |
| **Address of organisation** |  |
|  |
| **Contact name in organisation** |  |
| **Contact email for this person** |  |

Are your friends involved in this idea?

*If it is only you applying for this, that is OK. But if your friends are involved, let us know about them.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Postcode (Home)** | **Age** | **Gender** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Tell us what you would like funding for?

*Tell us in less than 100 words what you would like the funding for. You will need say what you want and what for. For example: We would like funding to pay for our trip to play a football match against another team in East London.* ***If applying for a trip please give a date.***

|  |
| --- |
|  |

How much does it cost?

*Remember, you can only apply for a maximum of £250. You might only have one item or a few items. For example: if you need cookery equipment you might need saucepans, plates, glasses and ingredients OR you might just need 10 footballs for your football practice.*

|  |  |  |
| --- | --- | --- |
| **What is your item?** | **Where will you buy it from?** | **How much does it cost?** |
|  |  | **£** |
|  |  | **£** |
|  |  | **£** |
|  |  | **£** |
|  |  | **£** |
| **Total:** | **£** |

what difference this would make?

*In less than 150 words let us know why we should give you the funding. This is probably the most important question as it’s the one that will help us decide who gets the funding. You can use this space to explain more about the young people who will benefit or how having this help other young people to be involved.*

|  |
| --- |
|  |

ANYTHING ELSE YOU WANT TO TELL US?

*In less than 200 words, let us know anything else you want to tell us that we did not ask you. You can also use this space to explain things about your application so we fully understand.*

|  |
| --- |
|  |

**Please get your supporting organisation to complete part two of the form**

Your information

**Part Two: To be completed by the Supporting Organisation**

*Please can you complete the following information to support part one of the application.*

|  |  |
| --- | --- |
| **Full Name** |  |
| **Position** |  |
| **Name of Organisation** |  |
| **Address of Organisation** |  |
|  |
| **Telephone Number** |  | **Mobile Number** |  |
| **Email Address** |  |

Declarations

*Please complete the following declaration*

**TRIPS** *If the application is for a trip please complete this section*

|  |  |
| --- | --- |
| I will ensure that the trip is adequately supervised with DBS checked staff |  |
| I will ensure there is a completed risk assessment for the trip |  |
| I will ensure the trip is fully compliant with our health and safety policy |  |
| I will ensure the trip is covered by our insurance policies |  |
| I understand the Tottenham Youth Fund and The Selby Trust are not liable for any accidents |  |
| I understand the Tottenham Youth Fund and The Selby Trust are not liable for any incidents |  |
| I will ensure all accidents and incidents are reported as per our procedures |  |
| I will ensure all young people under 18 have parental consent to participate |  |
| I understand I need to inform the Tottenham Youth Fund if the date changes and that a rescheduled date is required within 2 months or funds need to be returned. |  |

**EQUIPMENT** *If the application is for equipment, please complete this section*

|  |  |
| --- | --- |
| I will ensure the equipment is owned by our organisation |  |
| I will ensure, if the equipment is electrical, that it is regularly PAT tested |  |
| I will ensure, if applicable the equipment is regularly safety checked |  |
| I will ensure the equipment is used under the required supervision |  |
| I will ensure the equipment is covered by our insurance for damage or theft  |  |
| I will ensure the equipment is not sold or traded |  |
| I understand if the equipment is cheaper at time of purchase we are required to return the surplus funds back to the Tottenham Youth Fund via The Selby Trust. |  |
| I understand we can only use the funding on the equipment specified in part one of this application.  |  |
| In the event we cease operating in the next 24 months, I will ensure the equipment is gifted to another Tottenham based youth organisation.  |  |

**GENERAL DECLARATION**

*To be completed by all applicants*

|  |  |
| --- | --- |
| I will provide a receipt for the goods/booking within 28 days of funds received |  |
| I will provide a photograph of young people with the equipment or on the trip within 14 working days of receipt of goods/date of trip |  |
| I will ensure all young people in any photographs provided will have a completed image consent form submitted to the Tottenham Youth Fund alongside any photographs. |  |
| I confirm the funds are being paid into a bank account which belongs to our organisation and requires at least two signatories.  |  |
| If successful I am happy to be contacted by the Tottenham Youth Fund and The Selby Trust for quotes, feedback or general updates. |  |
| I confirm that we have not lobbied any member of the Tottenham Youth Fund |  |
| I confirm we have the following policies: |  |
| Child Protection and Safeguarding |  |
| Health and Safety |  |
| Public Liability Insurance |  |
| Employer Liability Insurance |  |
| Building and Content Insurance |  |
| DBS checks of all staff and volunteers |  |
| I will provide copies of these documents upon request |  |
| I consent to the details of our bid to be made public and used in publicity |  |
| I confirm we are a not for profit organisation |  |

Bank Details

*Please provide your organisations bank account details.*

|  |  |
| --- | --- |
| **Name of bank account** |  |
| **Name of bank** |  |
| **Address of bank** |  |
|  |
| **Account Number** |  |
| **Sort Code** |  |

ORGANISATION

*Please describe your organisational status.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Charity** |  | **Local Authority** |  |
| **Community Interest Company (CIC)** |  | **Sports Club** |  |
| **Faith Organisation** |  | **Company Limited by Guarantee** |  |
| **Other Please Specify** |  |

SIGNATURE

*Please describe your organisational status.*

|  |  |
| --- | --- |
| **Signature** |  |
| **Print Name** |  | **Date:** |  |

**Please return a signed copy of this form to** **tyf@selbytrust.co.uk**

**The Tottenham Youth Fund is managed by The Selby Trust which is a registered charity**

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