

**Women's Health Hub Small Grants Fund**

**Application Form**

**Name of group/ organisation:**

|  |
| --- |
|  |

**Address:**

**Town:**

**County:**

**Postcode:**

**General / Office Email:**

**Office Telephone:**

**Website:**

**Social Media Accounts: Include Facebook, Twitter, Instagram etc where applicable:**

**Location**

Which of the following areas do the people live who will mainly benefit from your support? Please tick all that are appropriate.

|  |  |  |  |
| --- | --- | --- | --- |
| Amber Valley |  | North-east Derbyshire & Bolsover |  |
| South Derbyshire |  | High Peak |  |
| Erewash |  | Derbyshire Dales  |  |
| Chesterfield |  | Countywide, excluding City |  |

**Main Contact Person**

These are the details that will be used for correspondence purposes.

**Title:**

**First Name:**

**Last Name:**

**Job Title / Role:**

**Email:**

**Mobile Phone:**

**About Your Organisation**

**Please describe the overall aims and objectives of your organisation and the activities or services your organisation provides:**

**Date on which the group/organisation was established:**

**What type of organisation are you?**

[ ]  Registered Charity (Number: )

[ ]  Community Interest Company (CIC) (Number: )

[ ]  Charitable Incorporated Organisation (CIO) (Number: )

[ ]  Community group or voluntary organisation

[ ]  Other - Please specify:

**Please attach a copy of your Constitution/ Governance Document with this application.**

**Are you part of a larger regional or national organisation?**

[ ]  Yes [ ]  No

**Staffing and Volunteers**

How many of each of the following are involved in your group?

**Number of** **Full Time Staff / Workers:**

**Number of Part Time Staff / Workers:**

**Number of Management Committee / Trustees / Directors (terminology depending on your formal structure):**

**Number of** **Volunteers (excluding management committee number above):**

**Working with women, girls, and/or people with a cervix**

1. Are you currently working with or supporting women, girls, and/or people with a cervix?

[ ]  Yes [ ]  No

1. Are you willing and able to facilitate engagement with the women, girls and/or people with a cervix who you are in contact with, to meet the objectives of the project mentioned in the Guidelines?

[ ]  Yes [ ]  No

1. Are you willing and able to provide feedback to Links CVS (the organisation administering the grants) in written or other suitable pre-agreed format about what women, girls and people with a cervix have shared?

[ ]  Yes [ ]  No

1. Are you willing to work in partnership with the ICB Engagement Team in developing an engagement approach?

[ ]  Yes [ ]  No

**About Your Project**

**Describe what you would like to use the grant for from the expected outcomes of the project (Please select all those apply).**

* To find out:

|  |  |
| --- | --- |
| [ ]   | People's experiences of accessing services, what are the barriers and solutions  |
| [ ]   | What people would prefer for future services  |
| [ ]   | People's communication preferences |
| [ ]   | What are your experiences of accessing women’s health services in the past?  |
| [ ]   | How comfortable would you feel going to/using these services if you needed them? |
| [ ]   | Where would you go if you were experiencing any women’s health issues  |
| [ ]   | How and where would you prefer to access these types of services?  |
| [ ]   | What could services do to be more inclusive and better meet your needs?  |
| [ ]   | Where would you go or who would you ask to find out information about women's services?  |
| [ ]   | Have you experienced any barriers to using women’s health services?  |
| [ ]   | How do you think these barriers could be overcome?  |
| [ ]   | How would you like Women health services information to be available to you?  |
| [ ]   | If you do not speak English as your first language, what would help you access the information?  |
| [ ]   | How would you like to receive the information e.g. dual language documents, using visual aids, conversation. |
| [ ]   | Who would you prefer to receive information on health and wellbeing from?  |

**What method would you use to achieve the outcomes? (For example, focus group discussions, listening events, one-to-one interviews etc.):**

**How would you ensure the interviewer for one-to-one interviews or facilitator of your focus group or listening event approach sensitive subject matters responsibly with care and empathy and ensure confidentiality?**

**What positive changes will this project make to women, girls and people with cervix in your group and/or the local community?**

**How many women, girls and people with cervix do you expect to participate in the project?**

**What be their age group?**

[ ]  15 or below

[ ]  16 - 25

[ ]  26 - 40

[ ]  41- 60

[ ]  61 - 75

[ ]  76 and above

**Please tick from the following ethnic groups who will participate in the project:**

|  |  |
| --- | --- |
| [ ]   | African |
| [ ]   | Arab |
| [ ]   | Bangladeshi |
| [ ]   | Caribbean |
| [ ]   | Chinese |
| [ ]   | Filipino |
| [ ]   | Indian |
| [ ]   | Irish Traveller |
| [ ]   | Nepali |
| [ ]   | Pakistani |
| [ ]   | Polish |
| [ ]   | Refugees (please specify your ethnicity)  |
| [ ]   | Romani Gypsy |
| [ ]   | Ukrainian |
| [ ]   | White British |
| [ ]   | White East European (Please specify) |
| [ ]   | White Irish |
| [ ]   | Other (Please specify) |

**Please tick from the following priority groups who will participate in the project.**

|  |  |
| --- | --- |
| [ ]   | Young people (adolescents and young adults with a cervix, from puberty to 24 years of age) who might be more at risk of having a worse experience of the services above and/or who are at greater risk of poorer health outcomes  |
| [ ]   | Women and people with a cervix of perimenopausal or menopausal age who might be more at risk of having a worse experience of the services above and/or who are at greater risk of poorer health outcomes  |
| [ ]   | Those living in more deprived areas (20% most deprived nationally) |
| [ ]   | Black communities  |
| [ ]   | Asian communities  |
| [ ]   | LGBTQ+ communities  |
| [ ]   | Gypsy, Roma and Traveller communities |
| [ ]   | Refugees, asylum seekers and migrants newly arrived in the country |
| [ ]   | People living with a disability/disabilities |
| [ ]   | Carers  |
| [ ]   | Those with problematic drug and/or alcohol use |
| [ ]   | Survivors of domestic abuse  |
| [ ]   | Those who do not speak English, or for whom English is not their first language |
| [ ]   | Sex workers  |
| [ ]   | Other marginalised groups  |

**Project Budget**

**How much money are you applying to us for?**

£

**What will you spend the grant on?**

|  |  |
| --- | --- |
| **Items of expenditure** | **Amount** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  TOTAL |  |

**Reasonable Adjustment Cost**

**Does your group need any reasonable adjustments costs e.g. BSL interpreter, community language interpreter? This cost can be in addition to the grant fund you have requested. If so, please specify how much this will cost.**

**Sharing and Learning Event** on **12th February 2025 (11:30am to 2:00pm)**

All the grant recipient organisations are expected to attend the Sharing and Learning Event on 12th February 2025 (11:30am to 2:00pm) in Chesterfield.

If your application is successful, are you or members of your organisation/group willing to participate in the Event? If yes, would you require any support for travel cost? If so, please include it in the above budget.

Do you agree to send us the findings of the discussions with priority groups who will participate in the project? (A template will be provided to the successful applicants.)

**Bank Details**

Name of Bank:

Name of Account Holder:

Sort code:

Account Number:

**Declaration**

I am authorised to submit this application on behalf of the group and confirm that the group's Management Committee or Board is aware of and approves of the application contents.

I can certify that the information provided is true and accurate.

Signature

Name:

Date:

Please return the completed application form by **12 noon on 27th September 2024** to Links CVS at shruti.vispute@linkscvs.org.uk