# Award application form

## Supporting local learning

In completing this application form, please refer to the Application Guidance for the specific criteria to be included and how the application will be assessed.

In addition to this form, you are permitted to attach no more than two extra documents:

* Detailed budget, using the template provided (required)
* Project plan (optional)

Please submit your form and any additional documents to [Q@health.org.uk](mailto:Q@health.org.uk) no later than midday on Wednesday 19 May.

## Contact Information

Please read the [**Application Guidance**](https://q.health.org.uk/wp-content/uploads/2021/04/Supporting-local-learning-applicant-guidance.pdf) before completing this application form.

Please note submitting an application does not guarantee funding.

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| * 1. **Lead organisation** Please provide the name and registered address of the body that would administer any award, including charity and company numbers if applicable. | |
| Organisation name |  |
| Type of organisation |  |
| Address line 1 |  |
| Address line 2 |  |
| Address line 3 |  |
| Address line 4 |  |
| Post code |  |
| Charity number |  |
| Company number |  |
| * 1. QUESTION HEADING**Project Lead**  Provide details of the project lead. This is the person who will be leading the work if the application is successful and who we will contact regarding the administration of the award. | |
| Full name |  |
| Email |  |
| Telephone |  |
| Job title |  |
| Organisation name (if different to 1.1):  Address: |  |

## Project title

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| * 1. QUESTION HEADING**Project Title**  (Maximum 20 words) |
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| * 1. QUESTION HEADING**Project summary**  (Maximum 150 words) |
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## Application information

### Section 1: Aims and background to the project

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| 1. **Aims** What are the overall aims of your project?  Maximum 300 words |
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| 1. **Background** How do you know there is a need for your project? What evidence do you have to support this? Maximum 300 words |
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### Section 2: Activities and project plan

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| 1. **Activities and methods** Describe your project methodology  Maximum 300 words | |
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| 1. **Timetable / project plan** Maximum 300 words | |
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| Please indicate whether you are sending a separate project plan | Yes/No |
| 1. **Project duration** Please enter a duration in months | |
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### Section 3: Staffing and budget details

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| 1. **Staffing and organisation** Please describe how this work will be resourced. Who are the key people and how will work be assigned to different members of the project team? If people will be recruited as part of the project, please advise on the roles you will be seeking to fill. Maximum 200 words | | |
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| 1. **Total cost** What is the total cost of your project? | | |
| Total cost | GBP | |
| 1. **Total amount of funding requested** How much funding are you requesting from the Health Foundation? | | |
| Total funding requested | GBP | |
| 1. **Other funding** Have you approached anyone else for funding? If so, please provide details. Maximum 100 words | | |
|  | | |
| **Detailed budget**  Please complete the separate [**budget form**](https://q.health.org.uk/wp-content/uploads/2021/04/Supporting-Local-Learning-Award-budget-template.xlsx) with details of how much you are requesting | | |
| 1. **Budget Justification** Please provide justification for items requested in the budget and the level of funding requested.   Please note an important part of our assessment will be how you demonstrate value for money. Maximum 250 words | | |
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| 1. The Health Foundation is a Living Wage Employer and a Living Wage Friendly Funder.   As a Living Wage Employer, we would like to encourage all our applicants to consider becoming Living Wage Employers if they have not already done so. We are therefore interested in gathering information on how many of our applicants have taken this step, either by becoming Living Wage Employers or through otherwise ensuring that all of their employees are paid at or above the Living Wage rate.  As a Living Wage Friendly Funder, we need to ask you to confirm whether your application is seeking funding for posts above or below the real Living Wage. The answer to this does not impact on our decision-making and any instances of funded roles being below the Living Wage will only be discussed during award agreement negotiations should you make a successful application.   For more information and the current real Living Wage rates, please see our website or the relevant section in the supporting guidance materials. | | |
| Are you an accredited Living Wage Employer? | | Yes/No |

### Section 4: Outcomes, risks, and dissemination

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| 1. **Expected outcomes** Describe the anticipated results of the project and how you will know whether the work has achieved success. Maximum 300 words |
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| 1. **Project risks** What are the key project risks and how will you manage these?  Maximum 300 words |
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| 1. **Dissemination** What are your plans for disseminating results and learning? How will learning be embedded? Maximum 300 words |
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## Declaration

### Privacy Notice

To process your application, the Health Foundation needs to collect and process your personal information.

The Health Foundation is the Data Controller (as defined by the Data Protection Act 2018, the General Data Protection Regulation, and all applicable laws which replace or amend it) who will collect and process your personal data.

Please refer to our [Privacy Notice](http://www.health.org.uk/privacy-policy-and-cookies) for full details of what data we collect about you, how we use it, who we share it with, how long we keep it and your rights relating to your personal data. If you do not have access to the Internet, please write to the Health Foundation Data Protection Officer (DPO) at the details listed below with your address and a copy will be sent to you in the post.

In summary, we will collect and process your information to assess your application.

The information we collect will be:

* Name, job title, organisation name and contact details such as email address.
* Processing requires your application information and personal details to be shared with third parties including assessors, website editors and copywriters, partner organisations and service providers.
* We will ensure that all parties we share your data with keep your information secure and do not use it for any other purposes than those which we have specified in the Privacy Notice.
* We will share your information if we are required to by law.
* We will retain this data for as long as is necessary for the relevant activity. We may keep some of your data indefinitely.

If you have any concerns about how your personal data is being collected and processed, or wish to exercise any of your rights detailed in our Privacy Notice please contact:

The Health Foundation Data Protection Officer (DPO)   
The Health Foundation   
8 Salisbury Square   
London   
EC4Y 8AP

By submitting your completed application, you give permission for details of this application and contact information to be shared on the Health Foundation website (following your approval of the copy) should you be successful in your application.

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| Declaration | |
| Declaration of applicant | £ I confirm that I have read and understood the above privacy notice |
| Name |  |
| Date |  |