|  |
| --- |
| **Deadline for submission – Tuesday 24th July 2018** |

|  |
| --- |
| **Before completing this form**  Please read the guidance notes before filling this application form in.  It is important that you read this information thoroughly before filling out and submitting your application for funding.  **Completed applications can be posted to the address below or emailed to abdul.hasnath@osmanitrust.org no later than 11pm on Tuesday 24th July 2018.**  Applications received after this date will not be accepted.  For more information contact the Youth Innovation Fund officer on the details below.  **Youth Innovation Fund**  Abdul Hasnath  Osmani Trust  Osmani Centre  58 Underwood Road  London  E1 5AW  020 7247 8080  abdul.hasnath@osmanitrust.org |

**Please ensure you completed all the sections in the checklist before submitting your application**

|  |  |
| --- | --- |
| Please ensure you completed all the sections in the checklist before submitting your application form. | |
| ***Organisation Details*** including bank details and charity number |  |
| ***Budget*** where you tell us about what you need for your project and how much it will cost |  |
| ***Name and Contact Details*** for young person, youth worker and manager |  |
| ***Section Three*** where you tell us about your project |  |
| ***Section Four*** where you tell us about your group |  |
| ***Recognition Section*** where you tell us about accreditations or certificates that young people will achieve |  |
| ***Budget*** where you tell us about what you need for your project and how much it will cost |  |
| ***Section Six*** if you aren’t registered or in process of registration, then we won’t accept your application |  |
| ***Section Seven*** ensure young person, youth worker and manager all provided original signatures |  |
| ***Equalities monitoring*** ensure you completed this section. |  |

**Information about the organisation**

|  |
| --- |
| Name of formally constituted organisation |
|  |

|  |  |
| --- | --- |
| Name of Project |  |
| Bank Account Name |  |
| Account Number |  |
| Sort Code |  |
| Charity Number |  |

**Main Young Person Applying**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | | |
| First Name(s) |  | | |
| Date of Birth | | |  |
| Address |  | | |
|  |  | | |
| Postcode |  |  | |
| Telephone (Mobile) |  |  | |
| Email |  | | |

**Main contact** - responsible worker

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Work Address |  | | |
|  |  | | |
| Postcode |  |  | |
| Telephone (Home) |  | Telephone (Mobile) |  |
| Email |  | | |

**Secondary Contact -** Responsible manager

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Position in Organisation |  | | |
| Work Address |  | | |
|  |  | | |
| Postcode |  |  | |
| Telephone (Home) |  | Telephone (Mobile) |  |
| Email |  | | |

**Your Project** – please tell us about your project

|  |
| --- |
| **Please tell us how does your project contribute towards the TH Youth Outcomes Framework in which “by 2020 all young people in TH will be inspired to take ownership of their lives and their futures and to affect positive change in their community”**  *(Please be specific as to which outcomes your project will achieve? 1. Young people to increase sense of agency. 2. Feel more optimistic about their future. 3. Have access to holistic support. 4. Increase in critical thinking)* **MINIMUM 200 WORDS** |
|  |
| **What is the overall aim of your project?**  *(What is the project about? What objectives do you hope to achieve? How long will it last in weeks and sessions? What will it involve?)* **MINIMUM 200 WORDS** |
|  |
| **Why do you feel this project is necessary in Tower Hamlets?**  *(Please include your research here, and mention who you consulted? What are the needs of young people in your area? How did you find this out?)* **MINIMUM 100 WORDS** |
|  |
| **Where will the project take place?**  *(Please list the name of all the place/venues’ and its addresses and phone numbers as well as any other prospective locations you may visit/use?)* |
|  |

**Your YIF Group**

|  |  |
| --- | --- |
| **How many young people is part of this application process?**  *(altogether including the young people who wrote the application)* |  |
| **How many young people do you think will participate in the project?**  *(altogether including the young people who wrote the application if applicable)* |  |
| **How will you (the group) benefit from your project?**  *(Why are you doing this project? What is your motivation to do this project?)* | |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **How many young people who take part in your project will receive recognition?** | | |  |
| **What type of recognition?** | | | |
| In-house Certificate |  | AQA |  |
| **Accreditation** | | | |
| ASDAN |  | Duke of Edinburgh Award |  |
| Arts Award |  | Sports Leadership |  |
| Youth Achievement Award |  |  |  |
| Other (please specify) |  | | |

**Your Budget**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please give a detailed breakdown of your predicted project costs**  *You can apply for up to £2,000 to run your project.*  *Young people WILL be asked questions relating to the budget sheet if invited for presentations.*  *Please use another sheet if necessary using the same headings.* | | | | | |
| **Activity/item** | **Quantity**  (per item / per hour / per session) | **Cost (£)** | **Purchased from** | **Amount requested from YIF** | **Match funding**  **(if any)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Overall total predicted cost of project** | | £ | **Overall amount requested from YIF** | £ |  |

|  |  |
| --- | --- |
| **How much YIF funding in total are you applying for?** | £ |
| **What other funds (if any) have you raised so far?**  *From who and how much?* | |
|  | |
| **What type of evidence will you submit along with the evaluation report and your receipts?**  *You could give us photos, videos, articles, certificates or other evidence* | |
|  | |
| **Please remember that failure to submit ALL your receipts could result in you paying all the funding back to Osmani Trust** | |

**Registration**

|  |  |
| --- | --- |
| Your supporting non-profit organisation must be registered with Charity Commission or Companies House before your application for YIF funding can be considered. | |
| Our supporting organisation is already registered with Charity Commission | YES / NO |
| Our supporting organisation is in the process of registering with Companies House | YES / NO |
| Our supporting organisation is in a voluntary organisation based in TH but is not registered to either of the above | YES / NO |

**Contract**

|  |
| --- |
| We require the signatures of your main and secondary contacts. Please check that you have completed all sections of the form and then sign below.If you are completing this application electronically, please type your name in the field below. |
| **We agree that the information on this form is correct.** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Manager’s Signature: |  |  |  |  | Date |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Youth Worker’s Signature: |  |  |  |  | Date |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Young Person’s Signature: |  |  |  |  | Date |  |

# Equal Opportunities

Please complete this section to tell us ONLY about the **young people making this application**. We will ask for information about all the young people who benefit as a result of the project in the Evaluation Report.

**You do not have to answer these questions.** If you choose not to answer these questions, it will not make any difference to any grant you receive. By answering these questions you will help us to ensure that our services are fair and accessible to all.

For each section enter the appropriate number of young people in the box provided. See the guidance notes for an example.

**Age**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 8 | 9 | 0 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
|  |  |  |  |  |  |  |  |  |  |  |  |
| 20 | 21 | 22 | 23 | 24 | 25 |
|  |  |  |  |  |  |

**Gender**

|  |  |
| --- | --- |
| Male |  |
| Female |  |
| Trans |  |
| Intersex |  |

**Religion and belief**

|  |  |
| --- | --- |
| No Religion |  |
| Agnostic |  |
| Muslim |  |
| Christian |  |
| Jewish |  |
| Buddhist |  |
| Sikh |  |
| Hindu |  |
| Humanist |  |
| Other Religion (please specify) |  |

**Ethnicity**

Please note that this question does not refer to your nationality/country of origin. These categories are based on the 2011 Census categories but include categories to reflect the communities of Tower Hamlets.)

|  |  |
| --- | --- |
| White: British |  |
| White: Irish |  |
| White: Traveller of Irish Heritage |  |
| White: Gypsy/Roma |  |
| White: Other |  |

|  |  |
| --- | --- |
| Black or Black British: African |  |
| Black or Black British: Somali |  |
| Black or Black British: Caribbean |  |
| Black/Black British/ Other Black Background |  |

|  |  |
| --- | --- |
| Asian or Asian British: Bangladeshi |  |
| Asian or Asian British: Pakistani |  |
| Asian or Asian British: Indian |  |
| Asian/Asian British/Other Asian Background |  |

|  |  |
| --- | --- |
| Mixed/Dual Heritage: White & Black Caribbean |  |
| Mixed/Dual Heritage: White & Black African |  |
| Mixed/Dual Heritage: White & Asian |  |
| Mixed/Dual Heritage: Any Other Mixed Background |  |

|  |  |
| --- | --- |
| Other Ethnic Groups: Vietnamese |  |
| Other Ethnic Groups: Chinese |  |
| Other Ethnic Groups/ Any Other Group |  |

**Disability**

Do any applicants consider themselves to have a disability according to the terms given in the Equality Act 2010?

(Under The Equality Act 2010, a person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities, which would include things like using a telephone, reading a book or using public transport.)

|  |  |
| --- | --- |
| Yes |  |
| No |  |

Please state the type of impairment that applies.

(People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark ‘Other’ and specify the type of impairment.)

|  |  |
| --- | --- |
| Sensory impairment, (such as being blind / having a visual impairment or being deaf / having a hearing impairment) |  |
| Physical impairment, (such as using a wheelchair to get around and / or difficulty using your arms) |  |
| Learning disability, (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury) |  |
| Mental health condition, (such as depression or schizophrenia) |  |
| Long-standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy) |  |