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| Covid-19 Engagement Grants  Application form |

# About your activity or event

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| **HEALTHWATCH OFFICIAL USE ONLY** | | | | | | | | | | |
| Date application received |  | | | | | Grant application number | | | |  |
| Office signature |  | | | | | Approved | | | |  |
| **GRANT APPLICATION** | | | | | | | | | | |
| Name of organisation/group | |  | | | | | | | | |
| Description of organisation/group | |  | | | | | | | | |
| Is your organisation a registered charity | | Y ☐ | N  ☐ | | | | If yes, charity number | |  | |
| Is your organisations a registered company | | Y ☐ | N  ☐ | | | | If yes, company number | |  | |
| **CONTACT DETAILS** | | | | | | | | | | |
| Address |  | | | | | | | | | |
| Contact name |  | | | | Email | | |  | | |
| Phone (landline) |  | | | | Phone (mobile) | | |  | | |
| **Engagement activity / event detail** | | | | | | | | | | |
| **Please provide a brief description of your proposed activity/event. Please include the following information**   * What you want to do? * Date and time you would like to hold the activity/event * Where the activity / event will take place (online or a physical address) * How will you include your community in the design and/or promotion of the activity/event | | | | | | | | | | |
|  | | | | | | | | | | |
| **Who will take part in the activity or event?**  **Please include the following information: (please see ‘funding priorities’ for groups we would like to target)**   * How many people do you expect to take part? * Which of the at risk groups will these people be from and roughly how many people do you expect from each? * How will you promote the activity/event to ensure that people attend/participate? | | | | | | | | | | |
| **Which of the Aims of the fund How will the activity or event meet?**  **(delete as applicable)**   * Increase vaccine uptake in hesitant communities * Help us to understand attitudes and views about the vaccines within communities * Help us to understand the impact of the pandemic on health and wellbeing of the community * Provide answers to questions and concerns from the community from trusted and relatable sources * Materials and messages are Co-produced with local communities and are widely cascaded. * Share key messages about the vaccine and information about accessing the NHS in appropriate ways * Strengthen and/or establish trusted two-way relationships between communities and the NHS. * Help influence decisions about the location of local vaccine delivery options e.g. pop-up clinics. | | | | | | | | | | |
| **How will the event meet these aims?**   * Which aims will the activity meet? * Will the NHS will be able to speak to people as part of the event/activity? If so how? (e.g focus groups, one-to-one conversations etc). * Will something be produced as a result of the event/activity? (e.g. numbers of participants, communities involved, photos of event, a link to any films, podcasts, webinar etc that you produce, copies of any materials produced) * How will you feedback the outcomes of the event/activity? * What support, if any will you need from us? | | | | | | | | | | |
|  | | | | | | | | | | |
| **cost breakdown – this section must be completed** | | | | | | | | | | |
| Item | | | | Cost | | | | | | |
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| **TOTAL** | | | | £ | | | | | | |

# Payment details and agreement

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| **payment details**  Please give details of the bank or building society account in which funds should be paid into or name for cheque to be made payable to. | | | |
| NAME OF BANK |  | | |
| ACCOUNT NAME |  | | |
| SORT CODE | ACCOUNT NO. | | |
| **declaration and signature** | | | |
| **I agree to the following:**   * The information provided on this form is true and correct * If this application is successful, Healthwatch Richmond may share my contact details with NHS staff to evidence how the funding has been distributed * The information provided on this application can be stored securely by Healthwatch Richmond and used for future contact. * If your application is successful, the money can be paid into the account details provided. * By signing this form and accepting funding you agree to:   + provide details of the activity to Healthwatch Richmond so that they can observe or participate in it or contact you after the activity / event for feedback   + provide outcomes of the event or activity to Healthwatch Richmond including consent to use any photo’s or materials from the event. * Funds provided through this fund will be used solely for the purpose set out in this application.  If there are any substantive variations, these must be agreed in writing with Healthwatch Richmond. * Records of expenditure will be kept in business-like manner and if requested, provided to Healthwatch Richmond with evidence of how the funds were spent including copies of invoices and receipts. | | | |
| Name  Signature |  | Date |  |
| Position in organisation |  | | |

We aim to contact successful applicants within 2 weeks of the application.

**Please return completed forms to:**

Mike Derry, Chief Officer, Healthwatch Richmond

Email address: [mike@healthwatchrichmond.co.uk](mailto:mike@healthwatchrichmond.co.uk)

Healthwatch Richmond, 82 Hampton Road, Twickenham, TW2 5QS