

2024/25 Winter Engagement Fund application form

**Are you a community or voluntary organisation running an event or activity supporting people to stay healthy this winter? Funding is available to support you.**

This could be something you’re already organising – the funding could help cover some of the costs, enable you to increase the size of an event/activity to encourage people to attend.

NHS South West London is offering small grants of up to £500 to fund activities and events with local people. The type of event is up to you, but you will need to share information about winter health –including vaccinations, places to find support, using local pharmacies and the NHS App. We’ll also ask you to collect feedback about what local people think.

We are particularly keen to hear from organisations that can reach:

* parents and carers with children aged 2 to 3 years old
* people who are pregnant
* people aged over 65 years old
* people who experience issues or barriers in accessing health and care
* specific areas across our six boroughs in South West London (Croydon, Kingston, Richmond, Merton, Wandsworth, Sutton) – please see question 12 in the application form for further details of these specific areas.

The closing date for applications is midnight Monday 30 September 2024. Please email this application form to training@cvalive.org.uk.

All activity/events must be completed between 18 November to the end of January 2025.

The [South West London Voluntary, Community and Social Enterprise (VCSE) Alliance](https://www.southwestlondonics.org.uk/about-us/voluntary-community/voluntary-community-and-social-enterprise-alliance/)is managing the application phase of grant process on behalf of South West London NHS - via Croydon Voluntary Action. Croydon Voluntary Action are working with NHS funded voluntary, community and social enterprise sector (VCSE) partner organisations to distribute the funding.

For further information [download the application guidance.](https://www.southwestlondon.icb.nhs.uk/wp-content/uploads/2024/09/NHS-South-West-London-Winter-Engagement-Fund-2024-advice-and-guidance-for-applicants.pdf)

If you’re interested, please complete this short application form. If you need any support or have any questions please contact us directly at training@cvalive.org.uk and we would be happy to arrange a conversation with you.

Please note you may wish to keep your own copy of your application for future application processes.

# Application Form

## About you – organisation details

1. Name of organisation
2. Please tell us, in less than 200 words, about the work your organisation does?
3. Please confirm you are happy for us to share your application with our NHS funded VCSE partner organisations, who will be distributing your funding if you are successful.

Yes

No

1. Where is your organisation based?

Croydon

Kingston

Richmond

Merton

Wandsworth

Sutton

1. What is your organisation address?
2. Is your organisation a registered charity or company? If not please provide information in ‘other’

Registered charity

Registered company

Other

1. If yes, what is your charity/company number?
2. Contact name and role within the organisation
3. Email address
4. Telephone number (landline/mobile)

## Tell us about your activity or event(s)

1. For our Winter Engagement Fund this year, we would like to reach the following communities. Please tick who you are able to engage with at your activity/event(s) from the following list?

[ ]  Parents and carers with children aged 2-3 year olds

[ ]  People who are pregnant

[ ]  People who are over the age of 65 years old

[ ]  People who experience issues or barriers in accessing health and care

1. We are also particularly trying to speak with people from the following areas and we will be collecting feedback from you about this. Do you think any from the following areas are likely to attend your event? Please tick those that are relevant.

[ ]  Addington (Croydon)

[ ]  Belmont (Cheam & South Sutton)

[ ]  Benhill (Central Sutton)

[ ]  Berrylands (Kingston)

[ ]  Beverley (Kingston)

[ ]  Cricket Green (Merton)

[ ]  Croydon North (Croydon)

[ ]  East Merton (Merton)

[ ]  Fairfield (Croydon)

[ ]  Falconbrook (Wandsworth)

[ ]  Figges Marsh (Merton)

[ ]  Furzedown (Wandsworth)

[ ]  Ham (Richmond)

[ ]  Latchmere (Wandsworth)

[ ]  Lavender Fields (Merton)

[ ]  Norbiton (Kingston)

[ ]  Petersham (Richmond)

[ ]  Pollards Hill (Merton)

[ ]  Queenstown and Battersea (Wandsworth)

[ ]  Ravensbury (Merton)

[ ]  Richmond Riverside (Richmond)

[ ]  Roehampton (Wandsworth)

[ ]  Roundshaw (Beddington, Sutton)

[ ]  Shaftesbury (Wandsworth)

[ ]  St Helier (Sutton)

[ ]  Sutton central (Sutton)

[ ]  Wandle Valley (Sutton)

[ ]  Other

1. What would you like to do? Please provide a short description of your proposed activity/event(s) and further details of the communities that will likely attend.
2. Please explain how your activity/event(s) will enable you to speak and listen to local people? Please include the following information:
* the number of activities/events you are planning to run
* how your activity/event(s) will help you to speak to people about local health and care services
* how you will collect people’s experiences/views on local health and care services and support.

***Please note we will be providing guidance to support you to do this but please outline what this would look like for your activity/event(s) E.g. providing an area for people to have a group discussion or individual conversations during your activity/event.***

1. Please list all the dates and times below of your proposed activity/events(s). Your activity/event(s) must take place by the end of 31 January 2025. ***Please note the grant payment can only be processed when the date/time(s) of your activity/events(s) are confirmed.***
2. How many people do you think will attend your activity/event(s)?
3. Please outline the budget you need. Please detail the item and cost of each.
4. Please outline the total amount of funding requested. A maximum of up to £500 can be requested.
5. This year we are producing materials to support conversations about how to stay healthy in winter in up to 13 different languages based on our local knowledge, see list below.  What languages will you need translated leaflets in**?  *Please note we cannot guarantee that we will be able to translate for every language requested.***

[ ]  Arabic

[ ]  Bulgarian

[ ]  English

[ ]  Gujarati

[ ]  Italian

[ ]  Korean

[ ]  Polish

[ ]  Portuguese

[ ]  Romanian

[ ]  Spanish

[ ]  Tamil

[ ]  Turkish

[ ]  Urdu

[ ]  Other

1. Are you able to print the leaflets for your event/activity?  ***Please note, if yes - we will be able to provide an additional £50 for printing costs.***

Yes I am able to print leaflets and I would like to request an additional £50

No, please send me the leaflets to the address below

1. If you would like us to print and deliver the leaflets to you - please provide a contact name and address for delivery:
2. If you would like a clinician or member of the NHS engagement team to attend the event, please can you explain more about what their role will be on the day? ***Please note that we will not be able to guarantee someone is able to attend, it will depend on capacity.***

[ ]  Hold a discussion

[ ]  Face to face conversations
[ ]  Provide information on a related winter topic

[ ]  Other – please state

1. If further funding was available to you would you be interested in running a second event (for example information and support with the NHS app). This will need to be delivered between January and the end of March 2025. Additional funding for this would be made available.

[ ]  Yes

[ ]  No

[ ]  If not, why not?

1. If you are interested in additional funding – are you able to engage with any of the following groups:

[ ]  People who experience homelessness

[ ]  People with drug and alcohol dependence

[ ]  Vulnerable migrants and refugees

[ ]  Gypsy, Roma, and Traveller communities

[ ]  People in contact with the justice system

[ ]  Victims of modern slavery

[ ]  Sex workers

[ ]  People who may be socially excluded

[ ]  I am not interested in additional funding

## Documentation

1. Do you have adult and children's safeguarding policies in place?

[ ]  Yes

[ ]  No

[ ]  Maybe

1. Do you have DBS checks in place for the staff who will host the session?

[ ]  Yes

[ ]  No

[ ]  Maybe

1. Do you have public liability insurance policy in place?

[ ]  Yes

[ ]  No

[ ]  Not sure

## Declaration and signature

I agree to the following:

* The information provided on this form is true and correct.
* I understand that South West London Voluntary, Community and Social Enterprise (VCSE) Alliance is managing the application phase of grant process on behalf of South West London NHS - via Croydon Voluntary Action. Croydon Voluntary Action are working with NHS funded VCSE partner organisations to distribute the funding.
* I understand the details in this form will be shared with NHS funded VCSE partner organisations in order to process my application and distribute funding.
* I understand that if this application is successful, I will liaise with Croydon Voluntary Action to ensure health and care services are discussed or signposted to at the event and a summary of the activity, attendance and insight collected to be shared with NHS South West London via an online form or by email following your activity.
* I understand that if the application is successful, I will invoice the relevant VCSE partner organisation to receive payment within the required time period.
* I understand that South West London NHS, Croydon Voluntary Action and/or VCSE partner distributing the funding will be able to contact me after the activity or event for feedback as part of the evaluation - please see guidance for more information.
* I will provide the required evaluation including a minimum of two photos with consent from people in the photograph to share with NHS South West London, who have funded this grant programme.
* I understand the grant provided will be used solely for the purpose set out in this application.  If there are any substantive variations, I will agree this in writing to training@cvalive.org.uk
* I agree to keep records of expenditure in business-like manner and if requested, we will provide Croydon Voluntary action or VCSE partner distributing the funding with evidence of how the funds were spent including copies of invoices and receipts.

[ ]  Agree

[ ]  Disagree

**Thank you for applying to the 2024/25 Winter Engagement Fund**

If you have any questions, please email training@cvalive.org.uk

If you would like to keep informed of upcoming opportunities, information about health and care services and to join our mailing list, please contact getinvolvedSWL@swlondon.nhs.uk

Your participation in this funding is entirely voluntary, and you may choose to withdraw at any time by contacting training@cvalive.org.uk

We take your privacy seriously and comply with all relevant data protection regulations.