

# Youth Opportunity Fund & Youth Capital Fund

## Application Form

If you would like free help to understand this document in your own language, please phone us on 01952 382121.

You can also get this information in large print, in Braille

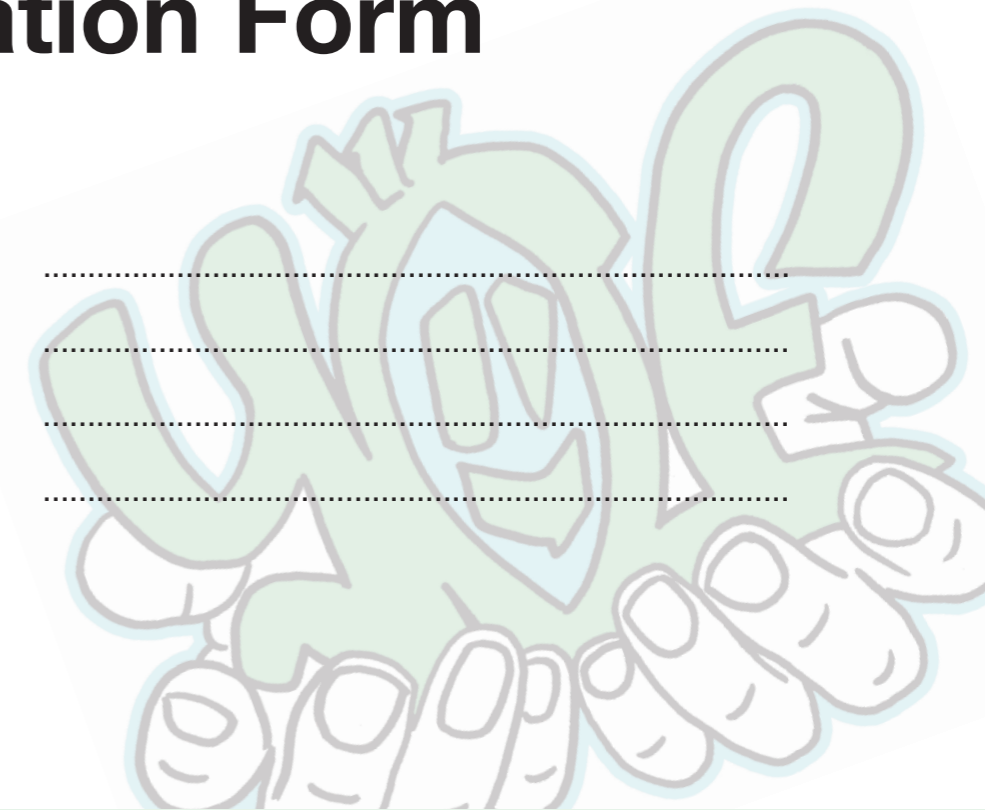
ਜੇ ਤੁਸੀਂ ਇਸ ਜਾਣਕਾਰੀ ਜਾਂ ਪਰਚੇ ਨੂੰ ਆਪਣੀ ਬੋਲੀ ਵਿਚ ਸਮਝਣ ਵਾਸਤੇ, ਟੈਲਫੋਨ 01952 382121 ਉੱਤੇ ਫੋਨ ਕਰੋ।

Jeżeli potrzebują Państwo bezpłatnej pomocy w zrozumieniu tych informacji w swoim języku ojczystym lub nagranych na taśmie, napisanych dużym drukiem lub w alfabecie Braille'a, prosimy o skontaktowanie się z Telford & Wrekin Council pod numerem 01952 382121.

如果你想利用我們的免費中文協助來幫助你明白這份資訊，請打電話 01952 382121 與泰爾福&瑞慶區政府聯絡。

اگر آپ کو اس دستاویز میں دی گئی معلومات کو اپنی زبان میں سمجھنے کیلئے کسی بھی قسم کی مدد کی ضرورت ہے تو براہ کرم ہائیڈروڈائیکٹنگ کونسل کو 01952 382121 پر فون کریں۔

Name of group/project: .....



**For office Use**

Date received .....

Application No: .....



## Section 1 - About Your Group

1. What sort of group are you?

2. Where do you usually meet?

3. How many young people are in your group?

4. Do you all live in Telford & Wrekin? Please tick

YES  NO

If NO - how many live outside of T & W

5. How many of you are:

Male

Female

6. How old are the members of your group?

Under 13 ..... 17 .....

13 ..... 18 .....

14 ..... 19 .....

15 ..... Over 19.....

16 .....

7. How many of you are involved in making this application for a grant?

8. Is this form being filled in by a young person? Please tick

YES  NO

If not, it would be helpful to us to know why

.....

.....

## Section 2 - About Your Activity/Project

1. What activity / project do you want to do?

2. How do you think that you / other young people will benefit from the activity / project?

3. What will you / others learn by doing this?

4. The Fund aims to promote Community Cohesion / Good Community Relations / All Getting On Together.

Does your activity / project do this? Please tick  YES  NO

If YES, how?

Section 2 - About Your Activity/Project (continued)

5. Will you be taking part in the activity / project as part of any local or national award scheme?

Please tick  YES  NO

If YES, which one(s)? .....

6. How many young people will be involved in this activity / project?

Box A  You

Box B  Other members of your group

Box C  Others

7. How many young people who are involved will be in the categories below?

	From Box A	From Box B
Disability		
From a rural area		
Carers		
Financially Disadvantaged		
Looked After		
Ethnic Minority		
Care Leavers		
Refugees		
Travellers		
Offenders		

8. How long will your project / activity last?

Section 2 - About Your Activity/Project (continued)

9. What do you want the grant to pay for?

What For	Cost (£)
<b>Total Amount Applied for:</b>	<b>£</b>

10. Will the activity / project still take place if you do not get all of the money? Please tick

YES  NO

11. Are you paying for some of the activity / project yourself? Please tick

YES  NO

If YES, how much £.....

## Section 3 - Evaluation and Reporting

1. How will you let us know about how your activity / project went?

2. How will you be able to let us know what you / other young people have learnt?

3. Which of the “Every Child Matters” outcomes does your activity / project fit into?

*(You can tick more than one box)*

- Be Healthy
- Staying Safe
- Enjoy & Achieve
- Make a Positive Contribution
- Economic Well-Being

## Contact Details

**(This information will only be used to contact you regarding you application and will not be passed on to anyone else).** We need a named person in case we need to speak to you and your group about your application and to let you know if your application has been successful.

### YOUNG PERSON

Name: .....  
Address: .....  
.....  
.....  
Post Code: .....  
Tel No: .....  
Email: .....

**SUPPORT PERSON** - who will be helping you with this application and the activity/project.

Organisation/Position/  
Relationship to Group .....  
Name: .....  
Address: .....  
.....  
.....  
Post Code: .....  
Tel No: .....  
Email: .....

Do you have a bank account:  YES  NO  
Please tick

Do you have a CRB (Police) Check?  YES  NO  
Please tick

## More information

### IMPROVING THE PROCESS

As this is a new scheme we are looking for feedback so that we can make improvements if necessary.

Groups will be sent an evaluation form upon completion of their activity / project and we will welcome your comments.

### APPEALS

If your application is unsuccessful you can appeal against the decision and the reason(s) given. Your application will be re-considered and you will be informed of the new decision i.e., is the original decision upheld or is it to be changed.

### WHAT YOU NEED TO DO NOW

Send your completed application form to:-  
The YOF / YCF Panel  
Telford & Wrekin Council  
c/o Connexions 4 Youth, Glebe Centre, Glebe Street,  
Wellington, Telford, TF11JP.

**Thank you for your application**  
Youth Opportunities Fund and Youth Capital Fund Panel