**Digital Inclusion: Improving Access & Use of GP Online**

**Grant Application form**

Please return to [Jackie@hcvs.org.uk](mailto:Jackie@hcvs.org.uk) before

5pm

19th May 2016

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| **SECTION 1 About You** | | | | | | |
| * 1. **Organisation Details** | | | | | | |
| **Guidance Note:** This section is mandatory and needs to be completed by the lead organisation. | | | | | | |
| **Organisation Name:**  Note: Please provide the trading name for your organisation that will receive the funds on successful application. | | | |  | | |
| **Organisation Address**  **including postcode:** | | | |  | | |
| **Organisation website:** | | | |  | | |
| **Name of Bank**  **Bank Address**  **Sort Code**  **Account number** | | | |  | | |
|  | | | |  | | |
| **Lead Contact Name:** | | | |  | | |
| **Lead Contact’s Job Title:** | | | |  | | |
| **Lead Contact’s Email Address:**  Note: Please provide alternative details if you are going to be away or not responding to emails over a period of time. | | | |  | | |
| **Telephone Number/s :** | | | |  | | |
| **Organisation type:**  Note: Please tick as many as applicable and provide number where appropriate  Are you applying as the lead agency in a partnership  If you are leading a partnership please state names of Partners (we may contact you for more information on these)  Do you have a written partnership agreement?  Does your organisation? | | | | Registered Charity/CIO  Please provide numbers if applicable\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Social Enterprise  Company Limited by Guarantee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Community Interest Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Community Group  Other (Please state)  Yes  No   |  | | --- | |  |   Yes (Please include a copy) No  Have its own bank account, in the name of the organisation applying? Yes No  Require two unrelated people to authorise cheques and make withdrawals (including debit card or internet purchases and cash withdrawals)?  Yes No  Have at least four members on its governing body or Board of Directors?  Yes No | | |
| **SECTION 2:**  **Who will you reach?** | | | | | | |
| **2.1 Your client group: Tell us about the Community you are working with, eg, – what languages do they speak, what are their main issues. What is your track record of working with this community?** | | | | | | |
| Guidance Note: This is your opportunity to explain to us your existing links and knowledge about the communities you have chosen to work with. Please explain in no more than 200 words. This section will be scored (10 points) | | | | | | |
| |  | | --- | | **2.2 Why do you think this community needs the project you are proposing? ( 200 words)** | | Guidance Note: This is your opportunity to explain to us what you think the needs and issues are for people in your community, how they are digitally excluded and why they need support to access and use on-line services; (10 points) |  |  | | --- | | **2.3**  **How will you ensure you reach those furthest from services? (200 words)** | | **Guidance Note:** This is your opportunity to explain to us your outreach methods and how you will ensure that you reach people who may be furthest from services. (10 points) | |  | | | | | | | |
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| **SECTION 3 Digital Inclusion: Increasing Access and Use of GP Patient Online Services** | | | | | | |
| |  | | --- | | **3.1 Tell us about your project** | | **Guidance Note:** Please give an outline of your project. Please cover what activities will you provide that will support more local patients to access and use GP Patient Online (POL) and why you have chosen this approach. Please explain in no more than 300 words. This section will be scored (10 points) | | | | | | | |
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| **3.2 What activities will you provide ?** | | | | | | |
| **Guidance Note:** Please outline the activities you have planned for your participants in the table below. This section will be scored (10 points) | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | ***Date/ Months*** | ***Activity – what will take place / what will you be doing*** | ***Where the activity will take place? We need to know the venue where activities will take place.*** | ***What time of day will the session start and finish?*** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | | | | | |
| **3.3 How many people will you be supporting in your project?** | | | | | | |
| **Guidance Note:** Please estimate how many people your activities will reach with an explanation of how you worked out this number. (10 points) | | | | | | |
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| **3.4 Who will do the work and what relevant skills do they have?** | | | | | | |
| **Guidance Note:** This is your opportunity to tell us about who will be doing the work. Who will be in your project delivery team -will it be a paid member of staff, a volunteer, yourself? What skills or experience do they have that will enable them to do this project? Please explain in no more than 300 words. (10 points) | | | | | | |
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| **3.5 How will the people doing the work be supported to do the work?** | | | | | | |
| **Guidance Note**: This is your opportunity to tell us about your management and governance arrangements , who will supervise the staff or volunteers who will be working on this project. We want you to tell us how you will ensure consistent quality during your project activities, that the knowldege gained through training is being utilised and that inaccurate advice is challenged. Please explain in no more than 300 words ( 15 points ) | | | | | | |
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| 3.6 You will be required to monitor a your project effectively. You will be trained in the moitoring processes if you are successful. Please state here that you agree to attend the Grant Monitoring Training and agree to collect the required information. | | | | | | |
| I agree to attend Grant Monitoring Training  I agree to collect the required monitoring information | | | | | | |
| 3.7 Please explain how your procedures to manage data thus protecting confidentiality of patient information | | | | | | |
| **Guidance Note:** This is your opportunity to tell us how you meet requirements of the Data Protection Act in terms of storing data (both physical and digital data) This section will be scored (15 points) | | | | | | |
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| 3.8 You will be required to attend training on Patient Online - Please state here that you agree to attend the Patient Online Training. | | | | | | |
| I agree to attend Patient Online Training | | | | | | |
| **Section 4 Project Plan** | | | | | | |
| **4.1 Project Plan** | | | | | | |
| **Please complete the following table to describe how you will get the information that we need, collate and report the information:** | | | | | | |
| **Guidance Note:** This is your opportunity to show us how you plan to:   * put the service in place * publicise the service * collate the monitoring information. (The monitoring and evaluation must be completed in the agreed templates Please note that it is a requirement of the grant that staff or volunteers to attend training as outlined on page 2 of the guidance   (20 points) | | | | | | |
| **Actions** | **Who** | | | | **When** | **Output** |
| ***Example:***  *Appoint staff member* | *Management Committee* | | | | *October 2015* | *1 Staff Member* |
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| **4.2 Breakdown of Costs** | | | | | | |
| **Using the Activity Plan and Actions that you described in Section 1, complete columns A***(Budget items or activity costs)* **and B** *(total amount requested for activity)* | | | | | | |
| **Guidance Note:** In the breakdown of cost section, write in how much this will cost. You may need to think about how many staff hours are needed. We would like to see all associated costs included for you to carry out your proposed activity.  Remember you can request up to £11,000 overall. (10 points) | | | | | | |
| **Activity/ Action** | | | **Budget Items or activity costs** Provide a full breakdown of costs for each item. Continue on an additional sheet if necessary | | | **Total amount requested for activity** |
| ***Example: staff member*** | | | ***Example: £10 per hour @ 7 hours per week x 12 weeks*** | | | ***Example: £840*** |
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| **Section 5 Organisation References** | | | | | | |
| **This section is mandatory. Please give a referee details from the director of a partner organisation or a funder who knows about the work you do and can talk about work you have carried out.** | | | | | | |
| **Title:** | | Miss  Ms Mrs  Mr Other (Please state) | | | | |
| **Name:** | |  | | | | |
| **Position:** | |  | | | | |
| **Telephone / Mobile No:** | |  | | | | |
| **E-mail:** | |  | | | | |
| **How do they know your work?** | |  | | | | |
| **Section 6 Declaration** | | | | | | |
| **This section is mandatory. Please complete the declaration below** | | | | | | |
| **I confirm that:t**  **o confirm that:**   * **I am an authorised representative of the organisation** * **To the best of my knowledge the information provided on the application form is correct** * **If a grant is awarded, it will be used exclusively for the purposes described** | | | | | | |
| **Name:** | |  | | | | |
| **Position:** | |  | | | | |
| **Date:** | |  | | | | |