



**GRASSROOTS ENGAGEMENT FUNDING  
Application form**

HEALTHWATCH OFFICIAL USE ONLY			
Date application received		Grant application number	
Office signature		Approved	
GRANT APPLICATION			
Name of organisation			
Type of organisation (please tick whichever applies)	<input type="checkbox"/> Unincorporated <input type="checkbox"/> Registered charity <input type="checkbox"/> Charitable incorporated organisation (CIO)	<input type="checkbox"/> Company limited by guarantee <input type="checkbox"/> Charitable trust <input type="checkbox"/> Community Interest Company (CIC)	
Registered charity number if applicable			
CONTACT DETAILS			
Organisation Address:			
Contact name:		Email:	
Contact phone number(s):		Website:	
GRASSROOTS ACTIVITY / EVENT DETAIL			
<p><b>Please provide a brief description of your proposed activity/event. Please include the following information</b></p> <ul style="list-style-type: none"> <li>• What would you like to do?</li> <li>• <b>Date and time</b> you would like to hold the activity/event</li> <li>• Address where activity / event will take place</li> <li>• Which main category your project falls into: Start Well, Live Well, Age Well</li> </ul>			



<b>Will all attendees be from a borough in south west London?</b> (Croydon, Merton, Kingston, Richmond, Sutton, Wandsworth)	Yes		No	
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**Who will be attending the activity/event**

We would like to invite applications to sit within our 3 areas of focus: **START WELL, LIVE WELL, AGE WELL.** Please indicate which category the people attending your event will fall into:

	<b>START WELL</b> (Maternity/Children & Young People/Carers)	<b>LIVE WELL</b> (Working age & Carers)	<b>AGE WELL</b> (Older People/Carers/End of Life)

<b>How many people do you think will attend?</b>	
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<b>How will you promote the event to encourage people to attend?</b>	
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**AREAS THAT ATTENDEES WOULD LIKE TO SHARE THEIR EXPERIENCES ABOUT**

We would like to speak to people about the areas shown below, please indicate which of these people would like to discuss with us when we attend your event (more information on these in Appendix1 of the guidance document).

Primary care		Diabetes		Acute (e.g. Hospitals)		Maternity Care	
Mental health		Learning disabilities		Workforce		Urgent and emergency care	
Children and Young people		Planned care (e.g. MSK/ENT)		Information Technology		Cancer Care	

**Please tell us how the NHS will be able to speak to people on the day?**

- Please recommend the most suitable way to speak to attendees given the nature of the event (e.g. focus groups, one-to-one conversations etc.).
- Please indicate whether there are any special considerations that would affect how we communicate with the attendees. **If there are special considerations, please can you suggest the best way of addressing these – including the support that you can give?**



**COST BREAKDOWN – THIS SECTION MUST BE COMPLETED**

	ITEM	SUPPLIER	COST	
A			£	
B			£	
C			£	
D			£	
E			£	
F			£	
			<b>TOTAL £</b> _____	

**PAYMENT DETAILS**

Payment will be made by WCA (Wandsworth Care Alliance) by cheque, please complete the following information:

**CHEQUE PAYMENT**

Name of organisation cheque to be made payable to: \_\_\_\_\_

Address cheques should be sent to:

**DECLARATION AND SIGNATURE**

I agree to the following:

- The information provided on this form is true and correct
- If this application is successful, Healthwatch Wandsworth may share my contact details with NHS staff coordinating the representation at the proposed activity / event and I will liaise with NHS representatives to ensure their attendance at the event.
- The information provided on this application can be stored securely by Healthwatch Wandsworth and used for future contact.
- If your application is successful, the grant can paid by cheque made payable to the organisation indicated above.
- Healthwatch Wandsworth is able to contact me after the activity / event for feedback.
- Funds provided through the grassroots engagement funds will be used solely for the purpose set out in this application. If there are any substantive variations, I will agree this in writing with Healthwatch Wandsworth..
- Records of expenditure will be kept in business-like manner and if requested, we will provide Healthwatch Wandsworth with evidence of how the funds were spent, including copies of invoices and receipts.



Name		Date	
Signature			
Job Title:			

We aim to contact successful applicants by 8 May 2018.

**Please return completed forms to:**

Name of contact from Healthwatch  
Healthwatch \*\*\*\*\*  
Email address