

Grants to Senior Citizens Clubs Shetland Charitable Trust

Club Name: (Please insert the full name of your Senior Citizens' Club)

Please use this form to tell us about your club and what you would like us to fund.

The Shetland Charitable Trust funds this grant aid scheme.

If you need any help with completing this application form please contact the Shetland Charitable Trust at the following address as soon as possible and we will be pleased to help you:

Shetland Charitable Trust
22-24 North Road
Lerwick
Shetland
ZE1 0NQ

When you have answered all the questions please use the checklist at Section 5 to make sure you have enclosed all the additional documents we need.

The application form and enclosures should be completed neatly in black or blue ink.

If your group fails to observe any of the grant conditions, we may ask you to repay your grant. Your group may also be disqualified from future assistance from this or other grant schemes run by Shetland Islands Council and/or Shetland Charitable Trust.

Please note applications will be returned if all sections are not completed.

FOR OFFICIAL USE ONLY

Application No.

Date Decision Due:

SECTION 1 – APPLICANT DETAILS

Q1 Name of main contact within the club

| | | |
|----------------------|----------------------|----------------------|
| Title | First Name | Surname |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Position within the club

Contact address (including full postcode)

| | | |
|----------------------|----------|----------------------|
| <input type="text"/> | Postcode | <input type="text"/> |
|----------------------|----------|----------------------|

Contact telephone numbers (including area code)

| | | | |
|------|----------------------|----------|----------------------|
| Home | <input type="text"/> | Work/Mob | <input type="text"/> |
|------|----------------------|----------|----------------------|

Contact e-mail address (if applicable)

Q2 How many members does your club currently have?

Male

Female

Q3 Please confirm the breakdown of the age range of your membership?

| |
|----------------------|
| Up to 65 |
| <input type="text"/> |

| |
|----------------------|
| 66-75 |
| <input type="text"/> |

| |
|----------------------|
| 76-85 |
| <input type="text"/> |

| |
|----------------------|
| 86plus |
| <input type="text"/> |

SECTION 2 – PROJECT DETAILS

Q4 How will the grant be used? Please briefly describe how you would spend the grant, specifying activities planned, trips scheduled, venues to visit, where appropriate. (You can continue on a separate piece of paper if necessary.)

Q5 Please tell us how your group spent your last grant award:

| Actual costs for last financial year: | £ |
|--|----------|
| <i>INCOME</i> | |
| Balance brought forward: | ..... |
| Grant received from SCT | ..... |
| Bank Interest: | ..... |
| Other Income: | ..... |
| TOTAL INCOME | ===== |
| <i>EXPENDITURE</i> | |
| Hire of premises: | ..... |
| Heating: | ..... |
| Transport & outings: | ..... |
| Meals: | ..... |
| Teas: | ..... |
| Entertainment: | ..... |
| Postage, telephone & stationery: | ..... |
| Other Expenditure: | ..... |
| | |
| | |
| TOTAL EXPENDITURE | ===== |
| Balance to be carried forward: | |

Q6 Please tell us how much you think your group will spend this year:

| Estimated costs for this financial year: | £ |
|---|----------|
| <i>INCOME</i> | |
| Balance brought forward: | ..... |
| Grant requested from SCT | ..... |
| Bank Interest | ..... |
| Other Income: | ..... |
| TOTAL INCOME | ===== |
| <i>EXPENDITURE</i> | |
| Hire of premises: | ..... |
| Heating: | ..... |
| Transport & outings: | ..... |
| Meals: | ..... |
| Teas: | ..... |
| Entertainment: | ..... |
| Postage, telephone & stationery: | ..... |
| Other Expenditure (please list): | ..... |
| | |
| | |
| TOTAL EXPENDITURE | ===== |
| Balance to be carried forward: | |

| | | |
|---------------------------------------|---|---------|
| GRANT AMOUNT REQUESTED 2017/18 | - | £ _____ |
|---------------------------------------|---|---------|

SECTION 3 - PROTECTION OF VULNERABLE GROUPS DETAILS

From 1st April 2011, if your organisation is applying for grant assistance from this scheme, your group/organisation will need to decide whether you have anyone (staff or volunteers) involved in 'Regulated Work' with children (and/or protected adults)*. If your organisation has individuals involved in Regulated Work then those individuals will need to apply to become a member of the PVG Scheme. All groups must also have policies and procedures in place that adequately cover adult and child protection and welfare issues.

Q7a Does your group have individuals involved in 'Regulated Work' with children and young people under the age of 18?

Yes No

Q7b Does your group have individuals involved in 'Regulated Work' with protected adults (from the age of 16)?

Yes No

If you answered no to both question 7a and 7b, go to questions 9 and 10;

If you answered yes to either, or both, questions 7a or 7b, please complete all of the following questions:

Q8a Does your organisation undertake a PVG Scheme Membership check when appointing staff, volunteers or helpers who are doing 'Regulated Work' to make sure they are not barred from working with children/protected adults and as part of checking their suitability for the particular post?

Yes No Not Applicable

Q8b Does your organisation take reasonable steps not to appoint anyone who is unsuitable to work with children/protected adults or who is barred from working with children/protected adults?

Yes No

Q8c How does your organisation access PVG checks for its volunteers? Please tick one of the following options:

| | <i>(tick)</i> |
|--|---------------|
| Voluntary Action Shetland | |
| National Governing Body | |
| Other (please specify) | |
| Not Applicable (please let us know why. You should use the space overleaf* to explain why your volunteers do not undertake PVG scheme record checks) | |

Please note that it is a requirement of this scheme that your organisation has in place policies and procedures that meet the requirements of Protection of Vulnerable Groups (Scotland) Act 2007 and which adequately address child protection and adults at risk of harm.

Does your organisation have the following policies and procedures in place?

Q9a Does your organisation have an approved:

Child and Adult Protection Policy? Yes No

Q9b Does your organisation have an approved:

Child and Adult Protection Procedure? Yes No

Q9c Does your organisation have an approved Equal Opportunities Policy?

Yes No

Q9d For organisations working with children and young people do you have an approved Code of Conduct for staff and volunteers?

Yes No

Q10 Are you satisfied that your organisation complies with the requirements of the Protection of Vulnerable Groups Act 2007?

Yes No

For more information on Protection of Vulnerable Groups requirements please refer to grant scheme guidelines. You may also wish to contact us for advice or refer to the Shetland Inter-Agency Child and Adult Protection Procedures that are available through a link from the Safer Shetland website below:

www.safershetland.com

*Please use the space below to provide us with any additional information:

SECTION 4– FINANCIAL DETAILS

Q11 Please complete your bank details below. (This must be the bank account that any grant payment will be made to should your application be successful).

| | | | | | | | | |
|-----------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Account Name | <input type="text"/> | | | | | | | |
| Bank or Building Society name | <input type="text"/> | | | | | | | |
| Bank or Building Society address | <input type="text"/> | | | | | | | |
| | <input type="text"/> | | | | Postcode | <input type="text"/> | | |
| Account sort code | <input type="text"/> | <input type="text"/> | — | <input type="text"/> | <input type="text"/> | — | <input type="text"/> | <input type="text"/> |
| Account number (must be 8 digits) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Q12 How many people have to sign each cheque or withdrawal from this account?

SECTION 5 – YOUR SIGNATURE

Q13 Your signature. **This must be the signature of the main contact named in Section 1.**

I confirm that, to the best of my knowledge and belief, all the information in this application form is true and correct. I understand that you may ask for more information at any stage of the application process.

Signed

Print

Date

SECTION 6 – CHECKLIST

We can only process your application if:

You complete all the questions on this form and sign it

You enclose all the necessary documents

Please use this checklist to make sure you are sending us everything we need

I have enclosed (please tick):

- | | |
|--------------------------|--|
| <input type="checkbox"/> | A recent bank or building society statement (within the last 3 months) |
| <input type="checkbox"/> | Completed Grant Evaluation form or report on last year's activities |
| <input type="checkbox"/> | Our annual accounts, checked and certified by someone independent of our group |
| <input type="checkbox"/> | A copy of our Child and Adult Protection Policy, Child and Adult Protection Procedure and Equal Opportunities Policy (if not previously sent). |

SECTION 7 – FOR OFFICIAL USE ONLY – GRANTS TO SENIOR CITIZENS CLUBS

This section is for internal use only and enables staff to monitor the progress of this grant application form.

Application form requested by Date

Application form issued Date

Application form received Date

Application form acknowledged Date

Additional information required. Please detail here: Date

All additional information received Date

Comments (delete as appropriate):

Grant Calculation:

_____ % of eligible project cost £_____ less underspend £_____

approved grant = £_____

Application certified

Application approved / rejected Date

Applicant advised of decision in writing Date

This section should only be completed in the event that the applicant group has appealed against the decision of a grant application.

Applicant appeal received in writing Date

Applicant appeal considered Date

Appeal outcome Date