# **Application form**

(Please refer to the application guidance to help you complete this form).

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| **Community organisation details** |
| **Name of group** |  |
| **Type of group****(such as Charitable Trust, CIC…)** |  |
| **Address** |  |
| **Main contact** | **Name** |
| **Telephone number** |
| **Email address** |
| **Secondary contact (required)** | **Name** |
| **Telephone number** |
| **Email address** |
| **Organisation website and social media links** |  |

**Pre-application discussion:** Applicants are encouraged to have an outcome-focused conversation with VOCAL Midlothian’s Carer Community Development Officer to ensure their project aligns with the fund’s objectives. To make an appointment, please contact caringcommunities@vocal.org.uk or 0131 663 6869.

**Please expand boxes as required:**

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| 1. **Please provide an overview of your organisation.** (Approx 300 words)
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| 1. **What is the proposed title of your project or initiative?**
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| 1. **Do you already receive Carers Act Funding? If yes, how will your proposals here build on your ongoing projects? (If no, please move to question 4.)**
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| 1. **Please provide a summary of your project, including its main objectives and activities, and the specific challenges or gaps your project seeks to overcome.**
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| 1. **Who are the intended main beneficiaries of this project?**
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| 1. **What are the expected outcomes of your project?**
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| 1. **How would you utilise carer engagement and feedback to shape this project?**
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| 1. **How will this project improve your organisation’s capacity for supporting carers? (for example, training staff and volunteers, expanding volunteering opportunities, or building partnerships)**
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| 1. **How do you plan to sustain this project after the funding period ends?**
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| 1. **Are you collaborating with other organisations or groups for this project? If so, please describe the nature of these partnerships and details of the partners involved.**
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| 1. **What is the total amount of funding you are requesting? Please provide a detailed breakdown of how the funds will be spent. Include categories such as equipment, room hire, worker costs, training, volunteer expenses or more.**
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**Please attach the following documents with your application:**

* **A copy of your organisation’s constitution or governance document.**
* **A copy of your organisation’s Public Liability Insurance.**
* **A recent bank statement. The bank account should be that of the applying organisation.**

**Please submit all application documents by the deadline: midnight on Monday 21 April 2025.**

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| Declaration |
| **I declare I have made a legitimate application to VOCAL Midlothian’s Carer Community Fund, and the details supplied are accurate to the best of my knowledge. I agree to use the funds as agreed and will submit receipts or proof of spend.** |
| **Signature** |  | **Date** |  |

**Thank you for applying to the Midlothian Carer Community Fund.**

**If you have any questions, please contact the Community Development Officer on: caringcommunities@vocal.org.uk or 0131 663 6869**

## Bank mandate form

If successful, please put the funds into this account.

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| --- | --- |
| Account name: |  |
|  |
| Name of bank: |  |
|  |
| Account number: |  |  |  |  |  |  |  |  |
|  |
| Sort code: |  |  | - |  |  | - |  |  |
|  |

\*I understand that I am providing these details to enable VOCAL to make a bank transfer and the details will be used for this purpose only.

**Organisation details**

|  |  |
| --- | --- |
| Name: |  |
|  |
| Main signature: |  |
|  |
| Date: |  |

## Data protection

VOCAL stores information in accordance with the Data Protection Act 2018 and VOCAL’s Privacy and Data Protection Policy ([vocal.org.uk/privacy](https://www.vocal.org.uk/about/policies/privacy-policy/)).  Please note, bank details will be used to pay the Carer Community Fund awards by online bank transfer – your bank details will also be stored securely by VOCAL’s finance department.

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| **For VOCAL use only:** |
| Payee name: |  |
| Award amount: |  |
| Fund: | **Midlothian Carer Community Fund** |
| Date of request: |  | Date of payment: |  |