

INTEGRATED YOUTH & COMMUNITY SERVICES

POSITIVE ACTIVITIES FOR YOUNG PEOPLE (PAYP) 2015/16

Summer holidays

22nd July – 28th August 2015

Please refer to the PAYP guidance notes when completing the application form



Section 1: General information

Organisation name:	
Address:	
Postcode	

Contact details: Please provide the contact details of two members of staff

Main contact:		Main contact:	
Title:		Title:	
First name:		First name:	
Surname :		Surname:	
Contact address: (if different from above)		Contact address: (if different from above)	
Postcode:		Postcode:	
Job title:		Job title:	
Office tel:		Office tel:	
Mobile:		Mobile:	
Email:		Email:	
Fax		Fax	
MC:	Employee Volunteer	MC:	Employee Volunteer

Location within borough:

Please state which Local Area Partnership and ward your organisation is located in:

LAP:		Ward:	
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Legal status:

Please state the legal status of your organisation

Registered charity	Yes	No	Charity number	
Company limited by guarantee	Yes	No	Company registration number	
Other	Yes	No	Please specify	

Does your organisation have public liability insurance:	Yes	No
Please provide the insurance certificate number:		

(Please circle in all cases where Yes/No options are available)

Organisation Details:

Aims and Objectives:

What are the aims and objectives of your Organisation? (max 1500 characters)

Management Structure & Accountability

Briefly explain the skills and experience your Organisation has to effectively manage and deliver a Project

(max 1000 characters)

Service Delivery

Quality Assurance Standards

Briefly explain the Quality Assurance Processes within your Organisation (max 1000 characters)

Section 2: Project Delivery Details

Project description

Did you undertake consultation with young people for this programme?	Yes	No
Evidence of consultation attached?	Yes	No

Delivery period: Summer holidays 22nd July – 28th August 2015

Which LAP area will you be delivering PAYP?							
Project theme				Project Title			
Total number of hours for PAYP activities	Wk1		Wk2		Wk3		
	Wk4	Wk5		Wk6		Total hours:	

Project summary: (max 500 characters)

HCAM outcomes

Please explain how your project will meet the Help Children Achieve More (HCAM) outcomes
(max 2000 characters)

Will young people taking part in the programme achieve accreditation?	Yes	No
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Accreditation details:

Subject:		Awarding Body/ Level:	
Subject:		Awarding Body/ Level:	
Subject:		Awarding Body/ Level:	

Risk categories:								Risk categories:			
Age:	Male	8 - 12		13 - 16		17 - 19			Total		
	Female	8 - 12		13 - 16		17 - 19			Total		
SEN/LDD	Male	8 - 12		13 - 16		17 - 19		20 - 25	Total		
	Female	8 - 12		13 - 16		17 - 19		20 - 25	Total		
Overall total number of young people to be engaged?											
Project time table attached?										Yes No	
Risk assessment(s) attached?										Yes No	

DBS Details

Give details of police checks for all staff due to work on the programme, this should include volunteers and management committee members who will have access to young people on the PAYP programme. (Important: we should be notified of any staff changes as soon as possible, and provide the appropriate DBS certification).

Name of staff/ volunteer	DBS Identification Number	Date of issue	Name of counter signatory	Name of verifier

Budget breakdown

Summer holidays 22nd July – 28th August 2015

Please provide a detailed budget breakdown for your project during the above holiday period

Item of expenditure	Unit cost	Total cost	Match funding	Amount from PAYP
Total:				

Section 2: Project Delivery Details (cont'd)

Risk Assessment

Please provide the risk assessor's details

Name:	
Job title:	
Qualifications attained:	

Project consultation

Please summarise the key points that came out of your consultation that helped shape your PAYP project:

Partnership/operational details

Briefly explain how your organisation would recruit/accommodate young people referred to you to ensure they attend your programme and receive adequate support:

Key worker involvement

Briefly explain how you would work with our key workers to ensure young people are supported to participate fully in PAYP activities:

Commitment to effective PAYP delivery

What information do you feel will benefit and support your delivery when attending PAYP Networking Events on a quarterly basis?

Section 3: Registration & Declaration

Integrated Youth & Community Services Registration Scheme

Is your organisation registered with Youth & Community Services?	Yes	No
Date of registration:		
Level of registration:		

Policy documents to be submitted*:

The following policy documents must be submitted with your application in order for it to be considered for PAYP funding:

	Attached with application	
1. Health & Safety Policy	Yes	No
2. Equality of Opportunities Policy	Yes	No
3. Child Protection Policy	Yes	No
4. Annual & Financial Report	Yes	No
5. Risk Assessments	Yes	No
6. Public Liability Insurance Document	Yes	No
7. Evidence of Research and Consultation	Yes	No

* If any of the above documents have been updated since your last submission, please submit these to us

Declaration

By submitting this application form, you confirm and agree that:

The information on this application is true and accurate to the best of your knowledge. All members of your organisation who have access to the IYSS database will adhere to all policies that govern it.

Data Protection Act

LBTH will store information you provide within its databases in accordance with the principles of Data Protection Act. LBTH may share information with individuals and/or organisations we consult when assessing applications, monitoring grants and evaluating funding.

LBTH may also share information with accountants, external consultants, organisations who are also providing funding to your organisation and others with a legitimate interest in Council applications or grants and for the prevention/detection and prosecution of fraud.

Freedom of Information Act

The Freedom of Information Act 2000 gives members of the public the right to request any information we hold. This includes information received from third parties. If information is requested under the above Act, we would be obliged to release it, subject to exemptions, although we may consult you first.

Authorised signature:	
Print Name:	
Position within organisation:	
Date	
An authorised signatory of your organisation must sign this form	

DEADLINE

Please submit your completed application, together with all supporting documents by **17:00pm Friday 29th May 2015** to Delwar Hussain at delwarx.hussain@towerhamlets.gov.uk or by post to Delwar Hussain, Tower Hamlets Council, Integrated Youth and Community Services, Mulberry Place, 5th Floor, 5 Clove Crescent, London, E14 2BG