



# INTEGRATED YOUTH & COMMUNITY SERVICES

## POSITIVE ACTIVITIES FOR YOUNG PEOPLE (PAYP) 2015/16 APPLICATION FORM

February half-term: 15<sup>th</sup> February – 19<sup>th</sup> February 2016

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

### Application Checklist

All the necessary documents **must be submitted** or the application will be **rejected**.

Policy documents (1 – 5) should have been reviewed or updated in the last **two years**.

	Attached with application (delete as appropriate)
1. Health & Safety Policy	YES / NO
2. Equality of Opportunities Policy	YES / NO
3. Safeguarding/Child Protection Policy	YES / NO
4. Annual Financial Report	YES / NO
5. Public Liability Insurance Document	YES / NO

For **each delivery period** ensure the following documents are attached:

	Attached with application (delete as appropriate)
6. Risk Assessments	YES / NO
7. Activity timetable	YES / NO
8. Evidence of consultation with young people	YES / NO

For **each staff member** ensure the following documents are attached:

	Attached with application (delete as appropriate)
9. DBS Confirmation Check	YES / NO

## Section 1: General information

Name of formally constituted organisation

Name of formally constituted organisation	
<input type="text"/>	
Address	<input type="text"/>
Postcode	<input type="text"/>
Ward	<input type="text"/>

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

### Contact A

Name	<input type="text"/>	
Job Title	<input type="text"/>	
Work Address (if different from above)	<input type="text"/>	
Postcode	<input type="text"/>	Telephone (Mobile) <input type="text"/>
Telephone (Work)	<input type="text"/>	
Email	<input type="text"/>	

Tick as appropriate:

Employee

Volunteer

Committee Member

### Contact B

Name	<input type="text"/>	
Job Title	<input type="text"/>	
Work Address (if different from above)	<input type="text"/>	
Postcode	<input type="text"/>	Telephone (Mobile) <input type="text"/>
Telephone (Work)	<input type="text"/>	
Email	<input type="text"/>	

Tick as appropriate:

Employee

Volunteer

Committee Member

**Legal Status:** please state the legal status of your organisation

Registered charity	<input type="text" value="YES / NO"/>	Charity number	<input type="text"/>
Company limited by guarantee	<input type="text" value="YES / NO"/>	Company registration number	<input type="text"/>
Other	<input type="text" value="YES / NO"/>	Please specify	<input type="text"/>
Does your organisation have public liability insurance?			<input type="text" value="YES / NO"/>
Please provide the insurance certificate number			<input type="text"/>

### Integrated Youth & Community Services Registration Scheme

Is your organisation registered with Youth & Community Services?	<input type="text" value="YES / NO"/>
Date of registration <input type="text"/>	Level of registration <input type="text"/>

### LBTH Funding

Please provide details of any other grants or funding currently in receipt by your organisation

## **Section 2: Organisational & administrative details**

### **Organisational Structure, Project management & Control**

*Describe the trustee, management and staffing structure of the organisation together with the key strengths which enable it to effectively deliver its agreed aims and objectives (max 200 words - see guidance notes for further information)*

## **Equalities and Diversity**

*Describe how the organisation (or partnership/consortium) will ensure that equalities and diversity issues are taken into account in the planning and delivery of the proposed project (max 200 words - see guidance notes for further information)*

## **Quality Assurance Standards**

*Please set out details of the Quality Assurance standards that the organisation has in place that will support the effective delivery of the proposed project (max 300 words - see guidance notes for further information)*



### Section 3: Project Delivery Details (February Half-term)

Delivery dates	15 <sup>th</sup> February – 19 <sup>th</sup> February 2016
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Did you undertake consultation with young people for this programme?	YES / NO
Evidence of Research and Consultation attached?	YES / NO

Which Ward will the project be delivered in?	
Project Title	

Total number of hours for PAYP activities	Week 1	Total Hours

**Project Description**

#### Learning Outcome Details

Number of young people to achieve recorded outcomes	
Number of young people to achieve learning outcomes	

Project time table attached?	YES / NO	Risk assessment(s) attached?	YES / NO
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Please provide the risk assessor's details:

Name		Job Title	
Qualifications			

**Young People Targeted – please tick the groups you plan to work with**

Black & Minority Ethnic YP	<input type="checkbox"/>	Young Women	<input type="checkbox"/>
Care Leavers (16-25)	<input type="checkbox"/>	YP at risk of Anti-Social Behaviour	<input type="checkbox"/>
Excluded	<input type="checkbox"/>	YP at Risk of Offending	<input type="checkbox"/>
FTE in Youth Justice System	<input type="checkbox"/>	YP from Low Income	<input type="checkbox"/>
In care/ Care Leaver	<input type="checkbox"/>	YP Gifted and Talented	<input type="checkbox"/>
LGBTQ YP	<input type="checkbox"/>	YP Homeless	<input type="checkbox"/>
Looked after children (0-16)	<input type="checkbox"/>	YP involved in Anti-Social Behaviour	<input type="checkbox"/>
On Child Protection Register	<input type="checkbox"/>	YP Involved in Offending	<input type="checkbox"/>
Statemented - Behaviour	<input type="checkbox"/>	YP Rough Sleepers	<input type="checkbox"/>
Supervised by YOT /Probation	<input type="checkbox"/>	YP with Disabilities	<input type="checkbox"/>
Young Carers	<input type="checkbox"/>	YP with Mental Health Issues	<input type="checkbox"/>
Young Men	<input type="checkbox"/>	YP with SEN / Learning difficulties	<input type="checkbox"/>
Young Travellers	<input type="checkbox"/>	YP not in Education/Employment/Training (NEET)	<input type="checkbox"/>

Overall total number of young people to be engaged?

<b>Gender</b>		Male	Female
	Number of Young People	<input type="text"/>	<input type="text"/>
<b>Age Group</b>	8-12	13-19	YP with SEND (up to 25)
	Number of Young People	<input type="text"/>	<input type="text"/>

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

Activity/item	Quantity (per item / per hour / per session)	Cost (£)	Amount requested from PAYP	Match funding (if any)	SEN/LDD costs
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**Overall total predicted cost of project** £                      £                      £                      £

## 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.

## Deadline

Please submit your completed application, together with all supporting documents to Delwar Hussain at [delwarx.hussain@towerhamlets.gov.uk](mailto: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

Applications must **arrive** by **17:00pm** on **Friday 20th November 2015**

## 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.

Authorised  
Signature\* \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Position \_\_\_\_\_

\* An authorised signatory of your organisation must sign this form