Parent Employability Support Small Grant Application

**Deadline for Applications - Monday 28th February 2022**

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| Project Title |  |

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| Organisation |  |
| Contact Name |  |
| Position in organisation |  |
| Contact address |  |
| Contact phone number |  |
| Contact email |  |

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| --- | --- |
| Type of organisation/groupCharity/ SCIO/ constituted group. |  |
| Organisation charity/company number  |  |
| Do you have a constitution allowing you to carry out the activity you are applying for? (copy requested) |  |

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| Project PlanPlease use this space to detail what you plan to deliver as part of this project/activity. |  |
| How will your project/activity support parents to increase confidence/skills/knowledge to move towards employment? |  |

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| Please tell us which priority groups you will work with through this activity/project.  | Lone Parents |  |
| Families with 3 or more children |  |
| Families with a disabled Parent or child |  |
| Families where the youngest child is under 1 year |  |
| Families where the parent is aged under 25 |  |
| Families with Minority Ethnic backgrounds |  |

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| Please give us details of the proposed costings for the activity/project |  | Cost |
| Staffing |  |
| Resources/materials |  |
| Training costs |  |
| Accommodation costs |  |
| Admin costs |  |
| Other associated costs |  |

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| --- | --- |
| Total funding requested**Maximum request £2000.00** |  |

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| Please tell us how you will monitor and evaluate your activity/project and the outcomes |  |

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| --- | --- |
| Start date for the activity/project |  |
| End date for the activity/project |  |

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| --- |
| Bank Account Details |
| Name of bank/building society |  |
| Branch |  |
| Account number |  |
| Sort Code |  |

|  |  |  |
| --- | --- | --- |
| Additional Information Required | Yes | No |
| Have you attached a copy of your constitution? |  |  |
| Have you attached a copy of your latest accounts? |  |  |

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| **DECLARATION AND AUTHORISATION**  |
| I declare that to the best of my knowledge the information given in this application is true and correct.I hereby authorise the ORKNEY ISLANDS COUNCIL to seek any information required from my bank, accountant, solicitor or any statutory body with which I have been involved and consent to the provision of such information by those concerned during any period within which the Council retains a financial interest. |

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| Signed |  |
| Date |  |

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| The information given on this form will be used to determine the eligibility of the application you have submitted on behalf of the named organisation/group and to monitored and evaluate outcomes. The information may also be passed to other relevant organisations for the purpose of delivering, monitoring and evaluating funding. The reasons in which we retain and share your personal information are legally justified under the General Data Protection Regulation. This application and supporting documents will be stored securely and only staff who need to know will access the information. For further information on this, please refer to <http://www.orkney.gov.uk/online-Services/privacy.htm> |
| **Applicant: I give explicit consent to my personal information being stored by ORKNEY ISLAND COUNCIL and shared appropriately between the organisations to monitor and evaluate the outcomes of this funding**.Signature Date |

**Please return completed application to** **employability.support@orkney.gov.uk**

**Alternatively post to –**

**Nicky Budge**

**Community Learning and Development**

**Orkney Islands Council,**

**School Place,**

**Kirkwall,**

**Orkney**

**KW15 1NY**