# Application Form

Severe Mental Illness and Physical Health Check Intervention Funding Application Form

December 2021 Contract Value: up to £180,000 in total (£15,000 per intervention for up to 12 interventions)

### About your project

Please share in no more than 400 words details of the work your organisation currently undertakes.

This should include:

* Your organisations mission, values
* Details about the work your organisation delivers
* The geographical areas you operate across
* Previous experience of with working with individuals living with SMI and those with caring responsibilities.

Please also include if you are currently engaged with any community partnerships and/or GP practices (it is not essential that you are). We ask this to understand how you/your organisation fits into wider system priorities.

### Project plan

Which intervention/s are you planning to deliver? (tick all that apply)

Smoking reduction 

Alcohol reduction 

Healthy eating 

Exercise 

Which PCN area/s are you planning to deliver the above interventions in? (tick all that apply)

PCN 6 

PCN 9 / BD4+ 

Modality 

Please share in no more than 500 words how you hope to improve the physical health with those living with SMI and why you are applying for this funding.

You should include:

* Why you are interested in this opportunity
* The intervention you are proposing to deliver
* The evidence base for your proposed intervention
* How the proposed intervention will be delivered
* Your ability to deliver within timescales.

### How much are you applying for?

Please provide a full cost breakdown for your proposed project as an attached document. Your full cost breakdown should include the total amount you are applying for and all expenses to be incurred for the length of the project, including employee, freelance, IT equipment volunteer expenses and so on. (Please note that there is a maximum of £15,000 available per intervention per PCN area.)

### Applicant information and lead organisation

|  |  |
| --- | --- |
| Organisation Name |  |
| Main Contact Full Name |  |
| Main Contact Position |  |
| Main Contact Email-Address |  |
| Contact Telephone Number |  |

|  |  |
| --- | --- |
| Legal Name |  |
| Operating Name |  |
| Abbreviation |  |
| Telephone Number |  |
| Chief Executive Number |  |
| Address |  |

### Partner organisations

#### Partner one (if applicable)

|  |  |
| --- | --- |
| Legal Name |  |
| Operating Name |  |
| Abbreviation |  |
| Telephone Number |  |
| Chief Executive Number |  |
| Address |  |

#### Partner two (if applicable)

|  |  |
| --- | --- |
| Legal Name |  |
| Operating Name |  |
| Abbreviation |  |
| Telephone Number |  |
| Chief Executive Number |  |
| Address |  |

#### Partner three (if applicable)

|  |  |
| --- | --- |
| Legal Name |  |
| Operating Name |  |
| Abbreviation |  |
| Telephone Number |  |
| Chief Executive Number |  |
| Address |  |

### Additional documents

|  |  |
| --- | --- |
| Safeguarding Policies and Procedures |  |
| Health and Safety Police |  |
| DBS Certificate |  |
| Risk Assessment |  |
| Employers liability insurance certificate |  |
| Public liability insurance certificate |  |
| Project Plan |  |
| Budget Plan |  |

Are there any conflicts of interests?   
Please tick:

Yes 

No 

If yes, please state the conflict of interest and how you plan to mitigate these.

#### How to submit your application

Your application form and supporting documents should be sent via e-mail to [masira@mindinbradford.org.uk](mailto:masira@mindinbradford.org.uk) before 5pm on Thursday 27 January 2022.

Applications received after this time, even for circumstances beyond the applicants' control, will not be accepted.

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