

APPLICATION FORM

Please read the FLOSS Guidance Notes before completing this form.

Please make sure you complete all sections of this form.
We are unable to look at applications with any missing information.

APPLICANT DETAILS

Applications need to come from between 2 and 5 young people (aged 13 to 19).
Two of these young people should be the main contacts given below.

Name of Young Person:		
Date of Birth:		
Address:		
Post Code:		
Phone Number:		
Email Address:		
When are the best times to contact you?		

Please list any other members of your group involved with filling in this form:

Name:	Date of Birth:

ABOUT YOUR PROJECT

Name of Project:	
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District (area) to be covered: (please tick only one)	
Bromsgrove	
Malvern Hills Including Malvern, Tenbury Wells & Upton-upon-Severn	
Redditch	
Worcester City	
Wychavon Including Broadway, Droitwich Spa, Evesham & Pershore	
Wyre Forest Including Bewdley, Kidderminster & Stourport-on-Severn	
County-wide or covering more than one District	

Outcomes to be met: see <i>'Priorities for Change'</i> page for more details on these (tick any that apply, you must tick at least one)	
Be Healthy	
Stay Safe	
Enjoy & Achieve	
Make A Difference	
Have What You Need	

How many young people will benefit? (roughly if you are not sure exactly)	
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When will the project be completed? (roughly if you are not sure exactly)	
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RESULT OF YOUR PROJECT

How will it make a difference for other young people?
(no more than 250 words)

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continue on an extra sheet if you need to

SPONSOR ORGANISATION

Name of Organisation:	
Name of Support Worker:	
Address:	
Post Code:	
Phone Number:	
Email Address:	
When are the best times to contact you?	

I declare that the information on this form is correct to the best of my knowledge

Signed: _____ **Date:** _____
(by Young People on front page)

Signed: _____ **Date:** _____
(by Support Worker on this page)



MONITORING FORM

Please complete this form ONLY for those young people who have been involved with writing your application for funding. These are the names given on the first page of the Application Form (up to 5 in total). We DO NOT need this information for the whole of your group.

AGE

How many of you are:

Under 13	13	14
15	16	17
18	19	Over 19

GENDER

How many of you are:

Male		Female	
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ETHNICITY

How many of you are:

White		Black		Asian	
Mixed		Other		Rather not say	

DISABILITY

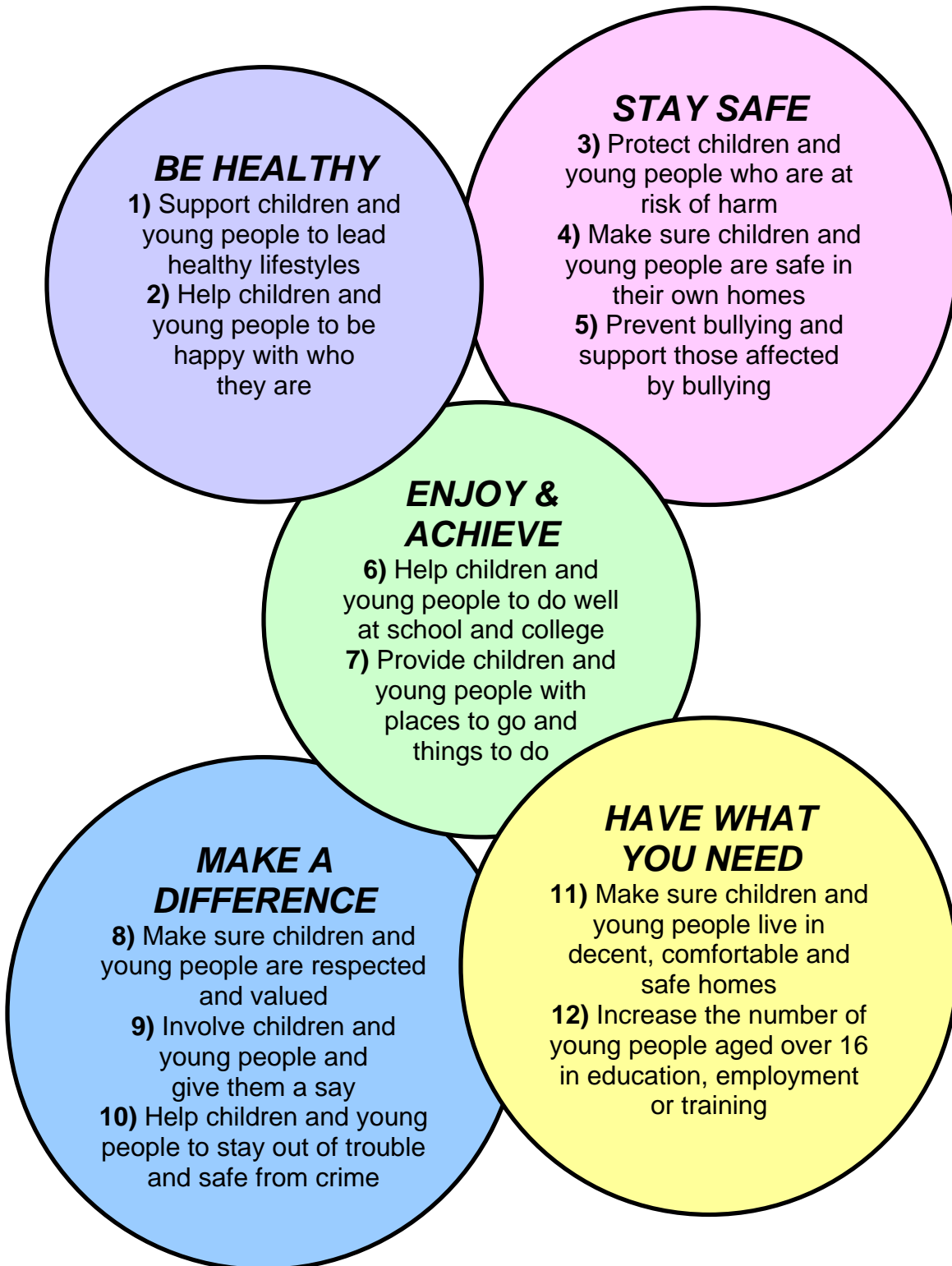
Do any of you consider yourselves to have a disability?

Yes (how many?)		No (how many?)	
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We need to keep some figures on how this funding is used, including details of who asks us for money, so we can report on this.

This is separate to the Application Form and it is not used to decide who gets money.

Worcestershire Children & Young People's Plan
PRIORITIES FOR CHANGE



How will your project make a difference for young people?
Applications for funding must support at least one of these priorities