**ARTS FOR HEALTH & WELLBEING FUND**

**APPLICATION FORM**

Please make sure you have read the Application Guidelines PRIOR to completing this application form.

### Application Summary

|  |  |
| --- | --- |
| Organisation / Applicant |  |
| Activity Name |  |
| Project Summary (1 sentence max) |  |
| Public Health Priority addressed via the proposed activity |  |
| Ward(s)\* |  |
| Total Budget |  | Requested Funding |  |

*\*Please state all the wards your activity will take place in. A new wards map is in effect since May 2022. If unsure, check on* [*https://maps.wandsworth.gov.uk/*](https://maps.wandsworth.gov.uk/)*.*

### About you

|  |  |
| --- | --- |
| Contact name |  |
| Address |  |
| Telephone |  |
| Email |  |
| Website (if appropriate) |  |
| Do you have Public Liability Insurance in place? | YESPlease attach it to your application. | NO |
| Do you have Safeguarding Policies in place? | YES Please attach them to your application. | NO |
| Sign me up to the monthly ‘Arts update’ | YES | NO |

### About your project

**1. Is this an application for:**

[ ]  Capacity funding of an existing activity [ ]  Commissioning a new activity

**2. Tell us what you would like to do (300 words).**

|  |
| --- |
|  |

**3. Will you be targeting specific groups of participants?**

|  |
| --- |
|  |

**4. Where will your activity take place?**

*Please include the full postcode and correct ward for each venue and indicate if permission is confirmed.*

*To locate which ward your venue is located in, please go to* [*https://maps.wandsworth.gov.uk.*](https://maps.wandsworth.gov.uk.)

|  |  |
| --- | --- |
| Venue:Address:Postcode:Ward: | **Permission confirmed?** |

**5. When will your activity take place?**

|  |  |  |
| --- | --- | --- |
| Research & Planning | From: | To: |
| Public-facing activity | From: | To: |
| Evaluation | From: | To: |

**6. Demonstrate that this is a quality arts-led activity (150 words).**

*For example, give details about the lead artists and partners, and/or provide links to previous work.*

|  |
| --- |
|  |

### About the referral process

**7. What referral routes will your activity offer?** (Tick all applicable boxes)

[ ]  Referral through Link Workers

[ ]  Referral through GP

[ ]  Referral through Health Visitor

[ ]  Self-referral

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. How will you ensure that people get referred to your activity?** (150 words max)

|  |
| --- |
|  |

**9. Please describe how you envisage the referral pathway, all the way to and including the first 2 sessions of the activity.** (150 words max)

|  |
| --- |
|  |

Budget

*Please bear in mind the following guidelines:*

* *Match-funding, although welcome, is not mandatory.*
* ***In kind contributions*** *can be discounted or donated materials, venue hire, transport etc. and can also be the contribution of professional time, both artistic and administrative.*
* ***Be clear*** *about how you have arrived at the figures in your budget. For example, if you have put £70 as a venue hire, please explain the hourly, or daily rate e.g. 2 hours at £35 per hour = £70. All items must be clearly broken down and must evidence value for money.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Budget** | **Breakdown of Costs** | **£ Art on Prescription funding** | **Funded through other sources** | **£** **In-kind support** |
| Artists/Facilitators fees |  |  |  |  |
| Venue hire |  |  |  |  |
| Equipment hire / materials |  |  |  |  |
| Transport  |  |  |  |  |
| Training |  |  |  |  |
| Public Liability Insurance |  |  |  |  |
| Administration & Project Management |  |  |  |  |
| Marketing & Communications |  |  |  |  |
| Other |  |  |  |  |
| **Total Budget** |  |  |  |  |

**Impact**

**10. Tell us how your activity will meet at least one of the strategic priorities of the fund** (up to 300 words)**.**

[ ]  Mental Health: Suicide, Social isolation, and Dementia

[ ]  Lifestyle and Behaviours: Healthy eating and Physical activity, Smoking and Alcohol consumption

[ ]  Long Term Conditions: Diabetes, Cardiovascular disease, and Falls

[ ]  Cancer screening and Immunisation

[ ]  Air quality and Climate change

|  |
| --- |
|  |

**11. Beneficiaries**

|  |  |
| --- | --- |
|  | Number of participants at each session |
|  | Number of sessions |
|  | Number of creative professionals employed to deliver this activity |

**12. How are you planning on evaluating the impact of your activity?** (150 words max)

|  |
| --- |
|  |

**13. If you are applying for more than £5,000: Please include the evaluation report of a previous Health & Wellbeing project with your application.**

**Feedback**

To help us measure and improve the service we offer, please answer the following questions.

**14. How did you find out about this funding opportunity?**

[ ]  Arts Update

[ ]  WAF Newsletter

[ ]  Public Health

[ ]  Enable Leisure & Culture

[ ]  Direct email

[ ]  Word of Mouth

[ ]  Social Media: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

[ ]  Other – please specify:

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**15. How could the application process be improved?**

|  |
| --- |
|  |

**Declaration**

[ ]  I accept that the information provided in this application is, to the best of my knowledge, true and accurate.

[ ]  If the application is submitted from an organisation, I confirm that the organisation named in this application has given me the authority to sign this application on their behalf.

[ ]  I confirm that the activity in the application falls within the powers of the organisation’s constitution or memorandum and articles of association (the legal document setting out the rules governing the organisation).

[ ]  I confirm that I / my organisation have a registered business account and enclose a copy of our most recent accounts.

[ ]  I confirm that I / my organisation embrace equal opportunities and enclose a copy of our equal opportunities policy or statement.

[ ]  I confirm that I or the organisation named in this application will have public liability in place for the duration of the proposed activity.

[ ]  I understand that this application will not be considered unless I send safeguarding policies alongside it.

[ ]  If I am applying for more than £5,000, I am enclosing the evaluation report of a previous Health & Wellbeing activity carried out in the past 3 years.

[ ]  I understand that Wandsworth Arts Service may share my personal information (name, address, telephone number and email address) with other grant giving bodies to which I am applying for funds, but that my personal information will not be shared with any other third parties.

[ ]  I accept the terms and conditions of the Arts for Health & Wellbeing Fund.

|  |  |  |
| --- | --- | --- |
| Signature | Print name | Date |
|  |  |  |

Typing your name here will be taken as a binding signature.

Please return this form to: arts@wandsworth.gov.uk, with the subject line: *Arts for Health & Wellbeing application – Phase* 1.

**Deadlines**

Phase 1 (North of the borough): 6 October 2022 at 10am

Phase 2 (Centre and South of the Borough): 28 November 2022 at 10am

You will receive the outcome of your application within 30 days.