# **Application form**

Please refer to the application guidance to help you complete this form.

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| **Community organisation details** |
| **Name of group** |  |
| **Type of group****(such as Charitable Trust, CIC…)** |  |
| **Address** |  |
| **Main contact** | **Name** |
| **Telephone number** |
| **Email address** |
| **Secondary contact (required)** | **Name** |
| **Telephone number** |
| **Email address** |
| **Organisation website and social media links** |  |

**Pre-application discussion:** Applicants are encouraged to have an outcome-focused conversation with VOCAL Midlothian’s Carer Community Development Officer to ensure their project aligns with the fund’s objectives. To make an appointment, please contact caringcommunities@vocal.org.uk or 0131 663 6869.

**Please expand boxes as required:**

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| 1. **Please provide an overview of your organisation.** (Approx 300 words)
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| 1. **What is the proposed title of your project or initiative?**
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| 1. **Do you already receive Carers Act Funding? If yes, how will your proposals here build on your ongoing project/s? (If no, please go to question 4)**
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| 1. **Please provide a summary of your project, including its main objectives and activities.**
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| 1. **Please state the specific challenges or gaps your project seeks to overcome, for example;**
* **How do you know there is a need for this project?**
* **Have you carried out engagement with carers and what did you find out?**
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| 1. **Who are the intended main beneficiaries of this project?**

**How many Carers (do you anticipate), will benefit?** |
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| **Tell us about the difference your project will make?** |
| **Carer Outcomes** | Carers report feeling better supported in their community. | Carers report improved health and wellbeing. | Carers report improved social and community participation. |
| **How will this be achieved?** |  |  |  |
| **How will you know?** |  |  |  |

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| 1. **How would you utilise carer engagement and feedback to shape this project?**
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| 1. **How will this project improve your organisation’s capacity for supporting carers? (For example; training staff and volunteers, expanding volunteering opportunities, or building partnerships). Please describe.**
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| **10) How will you advertise and promote your project to carers?** |
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| **11) How do you plan to sustain this project after the funding period ends?** |
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| **12) Please tell us what funding you need to deliver your project.** |

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| **Item**  | **Description**  | **Cost** |
| Sessional Worker costs |  | £ |
| Volunteer costs (expenses) |  | £ |
| Equipment costs |  | £ |
| Event Costs (refreshments, room hire)  |  | £ |
| Training costs |  | £ |
| Overhead costs |  | £ |
|  **Sub - Total**  | £ |
| Other costs (please list) |  | £ |
|  **Total funding requested** | £ |

**Please attach the following documents with your application:**

* **A copy of your organisation’s constitution or governance document.**
* **A copy of your organisation’s Public Liability Insurance.**
* **A recent bank statement. The bank account should be that of the applying organisation.**

**Please submit all application documents by the deadline: Tuesday 26th August 2025.**

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| Declaration |
| **I declare I have made a legitimate application to VOCAL Midlothian’s Carer Community Fund, and the details supplied are accurate to the best of my knowledge. I agree to use the funds as agreed and will submit receipts or proof of spend.****GDPR Statement** By signing this proposal, you consent to part or all the information you supply being stored on a computer and to it being used for the administration of your funding application. Copies of this information may be provided to individuals or partner organisations that are helping us assess or monitor awards. |
| **Signature** |  | **Date** |  |

**Thank you for applying to the Midlothian Carer Community Fund.**

**If you have any questions, please contact the Community Development Officer on: caringcommunities@vocal.org.uk or 0131 663 686**

## Bank mandate form

If successful, please put the funds into this account.

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| Account name: |  |
|  |
| Name of bank: |  |
|  |
| Account: |  |  |  |  |  |  |  |  |
|  |
| Sort Code: |  |  | - |  |  | - |  |  |
|  |

\*I understand that I am providing these details to enable VOCAL to make a bank transfer and the details will be used for this purpose only.

**Organisation details**

|  |  |
| --- | --- |
| Name: |  |
|  |
| Main signature: |  |
|  |
| Date: |  |

## Data protection: VOCAL stores information in accordance with the Data Protection Act 2018 and VOCAL’s Privacy and Data Protection Policy ([vocal.org.uk/privacy](https://www.vocal.org.uk/about/policies/privacy-policy/)).  Please note, bank details will be used to pay the Carer Community Fund awards by online bank transfer – your bank details will also be stored securely by VOCAL’s finance department.

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| **For VOCAL use only:** |
| Payee name: |  |
| Award amount: |  |
| Fund: | **Midlothian Carer Community Fund** |
| Date of request: |  | Date of payment: |  |