# **Health & Exercise Grant: 2023-24** Application Form

It is essential that you read the Health & Exercise 2023-24 Guidance Notes before completing this form.

## In order to support your application you can contact the Community Health and Exercise Coordinator on 01594 812408 to discuss your project before submitting your application so that we can better understand your aims before it is evaluated against the criteria.

**Please refer to the guidance document which details the criteria for this fund.**

We would prefer to receive applications by email but if you feel this will affect your ability to apply please call on the number above and we can arrange for hard copies to be sent to you in the post.

| **YOUR INFORMATION** | |
| --- | --- |
| **Name of applicant / main contact** |  |
| **Role within the Organisation** |  |
| **Name of the Group / Organisation** |  |
| **Address Line 1** |  |
| **Address Line 2** |  |
| **Town / City** |  |
| **Postcode** |  |
| **Telephone Number** |  |
| **Mobile Number** |  |
| **E-Mail Address** |  |
| **Total Amount being applied for** |  |

| **APPLICANTS INFORMATION** *(Please tick which applies)* | | | |
| --- | --- | --- | --- |
| Exercise instructors who currently possess a Level 2 Certificate in Fitness Instructing/ Level 3 Certificate in Personal Training or equivalent |  | Date of qualification and issuing body on existing qualification |  |
| Gym – Have appropriately qualified staff and insurance (level 2 fitness instructing, up to date first aid) |  | Possess a Level 3 Diploma in Exercise Referral |  |

| **CAN YOU DEMONSTRATE:** | | | | |
| --- | --- | --- | --- | --- |
| **A commitment to safeguarding – as well as having a policy also reviewing and implementing it?** | **Yes** |  | **No** |  |
| **That there are appropriate DBS checks in place** | **Yes** |  | **No** |  |
| **Equal Opportunities policy both in terms of recruiting staff**  **and volunteers? (if applicable):** | **Yes** |  | **No** |  |
| **Risk Assessment and Health & Safety policy:** | **Yes** |  | **No** |  |
| **Public liability insurance:** | **Yes** |  | **No** |  |
| **Your gyms commitment and capability to deliver the project successfully?** | **Yes** |  | **No** |  |

| **Accessibility** |
| --- |
| Gyms applying must be able to demonstrate that their facilities are accessible (DAA compliant and able to support people with a cognitive disability as well as neurodiversity) and similarly freelance instructors applying must demonstrate that where they deliver or plan to deliver have accessible facilities. Please give details below: |
|  |

|  |  |
| --- | --- |
| **Give us more information about you/your gym and your team:** | |
| This funding is to prioritise exercise to the health priority groups listed below. Tell us how this funding could enable you to increasing the health and wellbeing of vulnerable people in theses health priority groups:   * People at risk of stroke/ cardiovascular disease * Diabetes/ prediabetes * Respiratory conditions * Learning difficulties/ disabilities * Mental Health support * Exercise for young people who are suffering from mental health issues and or * obesity (aged 12-18 years)   This may be through providing referral options for these groups or structured classes etc. |
|  | |
| Give details on your commitment and ability to provide continuing support *and* programmin*g* for people attending future exercise classes. | |
|  | |
| Give details of the training course you are applying for funding for (demonstrating that it is appropriate) as well as outlining the cost. If this grant fund doesn’t cover the total cost you will need to confirm that you have match funding to cover. | |
|  | |
| By completing this application you agree to sign a memorandum of understanding with the District Councils Exercise on Referral Scheme covering:   * + Course attendance confirmed via a copy of certificate being forwarded to Matthew George on completion.   + Referral process with FODDC to be agreed.   + Periodic updates on classes enabled by the funding, via email, in person meeting or online.   + Refund of grant money in full if training course booked and not undertaken for any reason.   + Applicants are required to be able to provide structured support for those in our health priority groups through exercise referral or through providing classes/tailored sessions   + Arrangement and payment of course agreed. All invoices MUST be provided for audit trail.     - Freelance instructor – arrange the course booking, request payment from FODDC via invoice, exact details to be discussed on completion of MOU.     - Gyms - Once MOU signed and course confirmed FODDC release the grant fund. All invoices will be required as evidence of how the grant was spent appropriately and **MUST** be forwarded as soon a course booked. | |
| **………………………………………………………... Signature**  **………………………………………………………….. PRINT ………………………………………. DATE** | |
| Tick to confirm that you have attached a scan or photo of a document from your bank that shows the account name, account number, and sort code. This will help issue payments more quickly if you are successful. Feel free to blank any non-relevant information. **☐** | |

# DATA PROTECTION STATEMENT

**Forest of Dean District Council is the Data Controller for the purposes of the Data Protection Legislation. We will only use your personal information in accordance with the Legislation and for the purposes of the Community Grant. We will not give information about you to anyone else, or use information about you for other purposes, unless the law allows us to.**

**If you would like to know more about how we use your personal information, please read our privacy notice.**

# DECLARATION:

I confirm that the organisation named in this form has authorised me to sign this application on their behalf. The information contained in this application is correct, to the best of my knowledge, and I confirm that any grant aid received will be used solely for the purposes specified in the application.

I agree to my name and my organisation’s details being held on paper or electronic files. If this application is successful, in full or in part, the group will keep to the following terms and conditions.

**PLEASE EMAIL THE COMPLETED APPLICATION TO :**

[healthexercisegrant@fdean.gov.uk](mailto:healthexercisegrant@fdean.gov.uk) and marked for the attention of *Matthew George, Community Health and Exercise coordinator*