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 **Dementia Peer Support Delivery Partner**

 **Application Form**

If you need help completing this form call Anne on 01642 805500

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| **Your information** |
| Area of application (Stockton-on-Tees, Darlington, Hartlepool, Redcar and Cleveland and/or Middlebrough). Please note a separate application must be completed for each area of delivery. |  |
| Name of Organisation |  |
| Your name |  |
| Your address, telephone number and email address |  |
| Please outline your proposed service delivery model. |  |
| Please evidence your organisations experience of working with people living with dementia and their carers. |   |
| Please outline your experience of working with volunteers, including your recruitment processes, supervision and monitoring and current capacity to deliver additional projects.  |  |
| Please detail your Safeguarding arrangements. |  |
| How much money do you need? | **What will you spend it on** | **Cost** |
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|  |  |
| **Total** | £ |
| **Amount requested from us** | £ |
| If the amount requested is lower than the total project cost detail how the balance is being met |   |
|  |  |

**Please include your most recent Annual Accounts and a copy of your most recent bank statement with your application form.**

**Please tick to confirm that your group/organisation has the following:**

* **Public/Employers Liability Insurance**
* **Safeguarding policy**
* **Health and Safety Policy**
* **Equality and Diversity policy**
* **Risk Assessments**
* **Lone Working Policy**

**Declaration**

I confirm that the statements contained in this application are correct

Age UK Teesside reserves the right to withdraw or recover any grant aid awarded in the event of non-compliance with the terms and conditions of the grant aid.

All applications must be signed and dated.

Signature Date

All funding applications must be returned to: anne.sykes@ageukteesside.org.uk or alternatively by post to Anne Sykes, Age UK Teesside, The Dorothy Rose Suites, The TAD Centre, Ormesby Road, Middlesbrough, TS3 7SF.