

Improving Transitions for Young People Application Form

Please submit the application online to [**transition@togetherforshortlives.org.uk**](mailto:transition@togetherforshortlives.org.uk)

together with your most recent **audited accounts** and your **budget** for the project (see section E).

To ensure that your application can be speedily and smoothly processed, please complete each section fully and accurately.

We are particularly keen to see applications that:

* Address the ‘cliff edge’ of transition, the point at which young people move from familiar children’s services to adult services – focusing on developing innovative new services within the adult sector
* Focus specifically on young people with life-limiting conditions who also have profound and multiple learning disability
* Support and empower professionals in the adult sector
* Support the engagement of primary care, particularly GPs in transition for this group of young people

# Section A : Details for lead organisation and partners

If you are making the application as a **partnership**, please provide details of partners on the sheet at the end of this document on the page labelled "appendix 1: partners".

|  |  |
| --- | --- |
| Name of organisation |  |
| Name of CEO/ Executive Director |  |
| Address |  |
| Website address |  |
| Registered charity no. (if applicable) |  |
| Have any of the organisations listed in this application previously applied to Together for Short Lives for funding? |  |

# Section B: Primary contact responsible for liaison with Together for Short Lives on this project

|  |  |
| --- | --- |
| Full name |  |
| Project role |  |
| Job title |  |
| Contact address |  |
| Telephone no. |  |
| Email address |  |

**Section C: About your organisation**

**i.** Briefly describe the aims, strategic objectives and activities of your organisation (If you are applying as a partnership, please include details for all organisations).

**ii.** Please explain how the project fits within these objectives.

# Section D: About your proposed project

|  |  |
| --- | --- |
| Title of proposed project |  |
| Duration of proposed project |  |

1. Project summary. Please include short summary of the aims of the project.
2. Please outline the project's main activities. **(no more than a page)**
3. Please explain how this project is an innovation in terms of a) your current work, and b) more generally in the field of transition. **(no more than a page)**
4. How have you identified the need for the proposed project? (Include details of any engagement with your local Regional Action Group, Clinical Commissioning Group, Local Authority or other providers if applicable). Please explain how the project avoids duplicating and/or complements the activities of existing organisations or services. **(no more than a page)**
5. How have young people and their carers been involved in the development and design of this proposal?
6. Who will benefit from this project? Please give brief details of age range, geographical location etc. and give an indication of the total number of people you expect to reach.
7. Please give details of **up to 4** project outcomes, including indicators of success.

‘The **outcomes** are the changes that your project can make over time to address the need(s) you have identified. They are the result of what you do, rather than the activities or services you provide. For people, this might be things like improved health, new skills, more confidence or getting a job. Your **indicators** and their **level** will help you know whether a particular change is happening, and to what extent a particular outcome is being achieved over the life of the project.’

|  |  |  |  |
| --- | --- | --- | --- |
| Project outcome | Indicator | Indicator level | Timescale |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Please describe your evaluation process for the project – how this will be undertaken and by whom? **(no more than a page)**
2. Please explain how the project will be managed and delivered, including details of the roles within the project team. Please include detail of specific expertise and relevant experience which team members will contribute. If it is a partnership project, please describe what all partners will be contributing to the project and how the partnership will work. **(no more than a page)**

**x.** Please identify **3** key risks to your project and the mitigating actions which you would take to address these.

**xi)** How will you sustain this work beyond the period of the grant funding? Please include details of the potential to extend the project to reach more people and plans to fund this. **(no more than a page)**

# Section E: Budget

Please provide a detailed budget for each year of the project using the Excel template attached. The budget should include all relevant costs including any VAT incurred that you will not be able to recover. No separate additional amounts will be available for VAT.

# Section F: Declaration

Data Protection Act 1998

To comply with this Act, we require your consent to Together for Short Lives and their approved agents to use personal data supplied by you in the processing and review of this application and in any other legitimate activity of Together for Short Lives; this includes transfer to and use by such individuals and organisations as the Together for Short Lives deems appropriate. Together for Short Lives requires your further assurance that personal data about any other individual is supplied with his/her consent.

By submitting this completed application form you are confirming that the information you have supplied is, to the best of your belief, correct.

|  |  |
| --- | --- |
| Primary contact as listed in Section B | |
| Name |  |
| Signature |  |

|  |  |
| --- | --- |
| CEO/Executive of lead organisation as listed in Section A | |
| Name |  |
| Signature |  |

[www.togetherforshortlives.org.uk](http://www.togetherforshortlives.org.uk/)

 0117 989 7820

 [info@togetherforshortlives.org.uk](mailto:info@togetherforshortlives.org.uk)

# Appendix 1: Partners: please list any partners as specified in section A

Partner 1

|  |  |
| --- | --- |
| Name of organisation |  |
| Name of CEO/ Executive Director |  |
| Address |  |
| Website address |  |
| Registered charity no. (if applicable) |  |

Partner 2

|  |  |
| --- | --- |
| Name of organisation |  |
| Name of CEO/ Executive Director |  |
| Address |  |
| Website address |  |
| Registered charity no. (if applicable) |  |

Partner 3

|  |  |
| --- | --- |
| Name of organisation |  |
| Name of CEO/ Executive Director |  |
| Address |  |
| Website address |  |
| Registered charity no. (if applicable) |  |

Partner 4

|  |  |
| --- | --- |
| Name of organisation |  |
| Name of CEO/ Executive Director |  |
| Address |  |
| Website address |  |
| Registered charity no. (if applicable) |  |

Partner 5

|  |  |
| --- | --- |
| Name of organisation |  |
| Name of CEO/ Executive Director |  |
| Address |  |
| Website address |  |
| Registered charity no. (if applicable) |  |

Partner 6

|  |  |
| --- | --- |
| Name of organisation |  |
| Name of CEO/ Executive Director |  |
| Address |  |
| Website address |  |
| Registered charity no. (if applicable) |  |