

**EDI Third Sector Grant Scheme**

**Application Form**

Please carefully read the guidance below before completing this application form, and clearly explain how your project will meet the grant scheme objectives.

If you have any queries about the application form or grant scheme, please contact publicaffairs@bacp.co.uk.

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**Application Guidance**

BACP organisational members are invited to apply to this grant scheme for funding of up to £50,000 to deliver a project to improve access to therapy for people from racialised community backgrounds. The funded project will contribute to the commitments set out in BACP’s [*equality diversity and inclusion (EDI) strategy*](https://www.bacp.co.uk/media/17309/bacp-equality-diversity-and-inclusion-strategy-feb-2023.pdf). Only one grant of £50,000 is offered under this application.

The project will be delivered with a community partner of your choice within a 2-3 year timeframe.

**Project Objectives**

Please use this application form to provide details of how you will work with your partner organisation to meet either or both of the following objectives:

1. Removing barriers to counselling for people from racialised community backgrounds
2. Improving choice within service delivery models to make counselling more accessible and acceptable to clients from racialised community backgrounds.

**Project Partners**

We are inviting applications from BACP organisational members working in

partnership with a community-led organisation or group. In this context, the

partner organisation should be led by, and work in the interests of, people from a marginalised and racialised community. Your partner may be a third sector organisation, a faith-based group or a peer support network.

**Project requirements**

In line with BACP’s work to improve paid opportunities for qualified therapists, all counselling sessions delivered as part of the funded project, should be remunerated at real living wage rate or higher.

The application requires you to describe how you will measure the impact of your project and provide examples of the measures that will be used.

**Award process**

Applications will be short-listed, and applicants will be invited to a short interview to discuss the proposed project.

As part of BACP’s contracting processes, and as a condition of the grant award, the successful applicant must provide information about their organisation’s financial viability, insurance, compliance with equality legislation, environmental management and health and safety compliance. If shortlisted, you will be asked to complete a compliance checklist prior to interview.

**Language and terminology**

We recognise the limitations and problems of using catchall terms such as Black, Asian and Minority Ethic (BAME). For the purposes this grants scheme we are adopting [terminology recommended by *The Centre For Mental Health*](https://www.centreformentalhealth.org.uk/guide-race-and-ethnicity-terminology/) and are using the term ‘marginalised and racialised communities’ However we recognise that there are distinct and unique identities and challenges facing different communities, that there are limitations to all race and ethnicity terminology, and that applicant organisations and their partners may choose to use different terms and language.

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| **Lead applicant’s details** |
| Title |  Click or tap here to enter text. |
| Forename |  Click or tap here to enter text. |
| Surname |  Click or tap here to enter text. |
| Post(s) held |  Click or tap here to enter text. |
| Contact email |  Click or tap here to enter text. |
| Contact telephone number |  Click or tap here to enter text. |

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| **Your organisation**Please tick each that your project covers |
| Organisation name | Click or tap here to enter text. |
| Company no. (if registered) | Click or tap here to enter text. |
| Organisation address | Click or tap here to enter text. |
| BACP Organisational Membership number | Click or tap here to enter text. |

 ***In completing this application, please provide answers to all questions, and within the maximum word-count where this is specified.***

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| **Why your project is needed** |
| Please briefly explain why you want to deliver this project – include examples from your service and experience to demonstrate need (100 words max**)** | Click or tap here to enter text. |
| **Your community-led partner organisation or group** |
| Organisation name and address. | Click or tap here to enter text. |
| Lead contact.  | Click or tap here to enter text. |
| Why have you chosen this partner?(Examples of current or previous collaboration/contact) | Click or tap here to enter text. |

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| Addressing structural and cultural barriers that prevent people accessing counselling. |
| **Please briefly explain how your project will address cultural and structural barriers (100 words)** *e.g.**gaining understanding of what makes a culturally-informed service and adapting to make your service more accessible and acceptable.*Click or tap here to enter text. |
| Improving choice within service delivery models to make counselling more accessible and acceptable. |
| **Please briefly explain how your project will improve choice (100 words)** **e.g*.*** *diversifying your workforce or**delivering your service in new locations that are used by people from marginalised and racialised communities.*Click or tap here to enter text. |

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| **Project details**Please provide a full description of your project detailing the collaboration with your community-led partner and how it will meet each of the criteria in the grant guidance document (750 words max) |
| Click or tap here to enter text. |
| Who will deliver your project? (Please include credentials and any relevant experience of partnership working)Click or tap here to enter text. |
| Will the project be delivered by existing staff, or will you recruit new staff to deliver your project?Click or tap here to enter text. |
| What are the timeframes for the delivery of project activity? (Please provide description of each activity and when it will be delivered across the project)Click or tap here to enter text. |
| What are the risks associated with delivering your project and what will you do to mitigate each risk?Click or tap here to enter text. |
| How will this project deliver lasting benefits beyond the funded delivery period?Click or tap here to enter text. |

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| **Project impact** |
| How will you measure the success of your project? | Click or tap here to enter text. |
| How many new clients do you expect you see because of this project? | Click or tap here to enter text. |
| How many client counselling hours do you expect to deliver as part of this project? | Click or tap here to enter text. |

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| **Project criteria checklist** |
| Will all sessions of counselling and/or coaching delivered in the project be paid for (i.e. not delivered by volunteers) at living-wage rate or higher? | Please Select |
| Does your proposed project collect demographic monitoring information of clients? | Please Select |
| Does your proposed project include use of routine outcome measures? | Please Select |
| Is your organisation registered with the Information Commissioner’s Office (ICO)? | Please Select |
| (If yes, please provide your ICO registration number)Click or tap here to enter text. |
| Will you work with the BACP project lead to agree project milestones and assist in the monitoring of progress against agreed quarterly targets? | Please Select |

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| **References**Please provide details (including email addresses) of two individuals who know the work of your organisation and will be willing to provide a statement of support prior to the award of a grant (these should not be from your community-partner organisation)  |
| Referee 1 | Click or tap here to enter text. |
| Referee 2 | Click or tap here to enter text. |

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| **Project Budget**Please provide a breakdown of costs associated with planning and delivering your project  |
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| **Item or activity** | **Cost (£)** |
| Overheads | Click or tap here to enter text. |
| Salaries (management and admin) | Click or tap here to enter text. |
| Salaries (therapists) | Click or tap here to enter text. |
| Additional Project Activity (please detail each item/activity) | **Cost (£)** |
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| **Total grant requested.** | Click or tap here to enter text. |

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| **Declarations and signatures** |
| I confirm that the information given on this form is complete and correct, that all co- applicants on this form have seen a copy of this application, and that I shall be actively engaged in the work of this project and responsible for its overall management.  Signature of lead applicant Click or tap here to enter text. Name Click or tap here to enter text.  Date Click or tap here to enter text.  |

Please return your completed application by email to publicaffairs@bacp.co.uk by the closing date of 5pm on Friday 6th September 2024,