

Health and Wellbeing projects and activities FUNDING APPLICATION

1. Applicant:

Name	Chrissie Williams, Practice Manager
Organisation	The Castle Practice
Address	Central Street, Ludgershall, Andover, SP11 9RA
Phone number	01264 790356
Email address	Nicky.scammell@nhs.net (managing the project)
	Christine.williams29@nhs.net (Practice
	Manager)

2. Amount of funding required from the Area Board:

£0 - £1000	£500
£1001 - £5000	
Over £5000 (please note – our grants will not normally exceed £5000)	

3.

4. Are you applying on behalf of a Parish Council?

Yes	
No	✓

5. If yes, please state why this project cannot be funded from the Parish Precept?

6. Project title?

"Now we are 75: Getting Older, Getting On"

7. Project summary: (100 words maximum)

An opportunity to learn more about how aging affects our health, to have a long and healthy older age. This is based upon a year of data inputting from "birthday card" questionnaires we send to patients aged over 75. The findings are that the following are very common to our older patients

- Continence issues
- Feeling depressed or sad
- Weight loss
- Not being in excellent health

A half day with clinical talks on:

- what happens as we age, the need to increase calories, build muscle, risk of falls etc.
- Wiltshire Continence Service talk, Q&A
- And possibly about grief or how to use a pharmacy

Also we wish to have a related mini health fair with relevant groups such as our local dementia

café, Age Concern, Parkinson's, Alzheimer, Carer Support etc.
To invite those self-identified patients and thos turning 75 within the year.
We would like to provide refreshments and, funds permitting a folder for their hand outs and any leaflets or information they wish to collect from the stalls.

8.	Which A	Area	Board	are y	/ou	apply	ying	to?
----	---------	------	--------------	-------	-----	-------	------	-----

9. What is the Post Code of the place where your project is taking place?

SP11 9RA (the local hall)	

10. Please tell us which themes best describe your project:

	Intergenerational projects Older People Support/Activities Carers Support/Activities Promoting physical and mental wellbeing Combating social isolation Promoting cohesive/resilient communities Arts, crafts and culture Safer communities	Heritage, history and architecture Inclusion, diversity and community spirit Environment, recycling and green initiatives Sport, play and recreation Transport Technology & Digital literacy Other
~	Safer communities	

If Other (please specify)

I think it embraces aspects of more themes too

10. About your project

Please tell us about your project (a strong application will address all of the following):

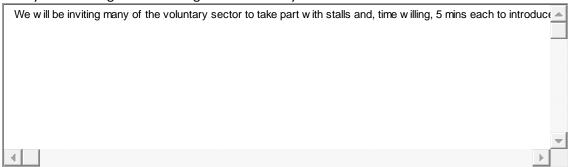
How does your project support local needs and priorities?

This will help older local people to		_
- stay well and maintain fitness		
- understand what is happening to their bodies and how to maintain health		
- avoid falls		
- Have an opportunity to ask questions and seek reassurance over common health issues		
- Know where they can look for support; what is available locally		
- have an opportunity to meet and socialise with others		
		$\overline{}$
1	F	

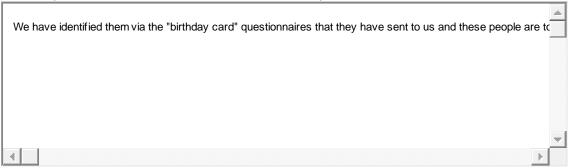
How many people do you expect to benefit from your project?



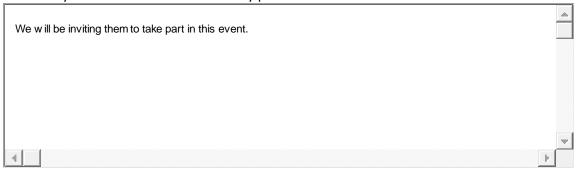
How will you encourage volunteering and community involvement?



How will you ensure your project is accessible to everyone (for example: people living with a disability or on low incomes, or vulnerable, or socially isolated etc.)?



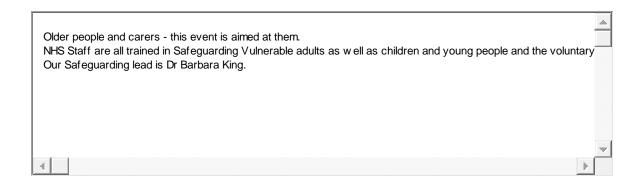
How will you work with other community partners?



11. Safeguarding

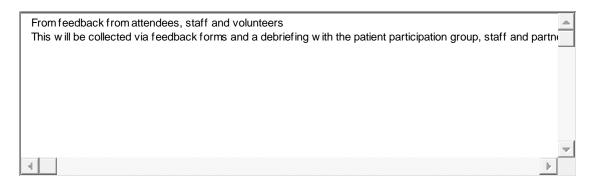
Please tell us about how you will protect and safeguard vulnerable people in your project (You must address all of the following):

- Please provide evidence of your commitment to safeguarding and promoting the welfare of older/vulnerable people and their carers.
- How do you make sure staff and volunteers understand their safeguarding responsibilities?
- Who in your organisation is ultimately responsible for safeguarding?

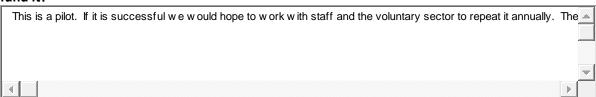


12. Monitoring your project.

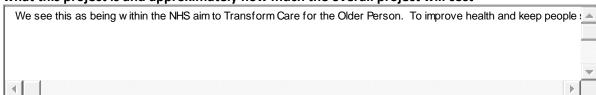
How will you know if your project has been successful? *required field



13. If your project will continue after the Wiltshire Council funding runs out, how will you continue to fund it?



14. If this application forms part of a larger project (eg a community navigation project), please state what this project is and approximately how much the overall project will cost



15.Finance:

15a. Your Organisation's Finance:

Your latest accoun	ts:	
Month	Year	¥
Total Income:		

Total Expenditure: £ Surplus/Deficit for the year	ar:		
f Free reserves currently he	eld:		
(money not committed to	other projects/oper	ating costs)	
Why can't you fund this p	roject from your rese	erves:	
This is a pilot performed as an	extra to the w ork w e alre	eady undertake to k	keep people well. We are an NHS surgery a
<u> </u>			<u> </u>
We are a small commun	ity group and do no	ot have annua	l accounts or it is our first year:
15b. Project Finance:			
Total Project cost	f 731.92		
Total required from Area E	Board £ 500.00		
Expenditure £700.0	00 Income	£nil	Tick if income confirmed
NB. If your organisation reclaims VAT you should exclude VAT from the expenditure (Planned project costs help	(Planned Inco	me <u>help</u>)	
Total	 Total		

16. Have you or do you intend to apply for a grant for this project from another area board within this financial year? *required field

	\sim	Yes
	•	No
17		ase list which area boards you are intending to apply, including this one (You can apply to a imum of 3 Area Boards for the same project in a financial year) *required field, if Yes to Q11.
	Tid	w orth
18	. DEC	CLARATION
		porting information - Please confirm that the following documents will be available to inspect in request (You DO NOT need to send these documents to us):
	Quo roje	tes: I will make available on request 1 quote for individual project costs over £500 & 2 quotes for ect costs over £1000 (Individual project costs are listed in the expenditure section above)
	estin	For projects over £50,000: I will make available on request a project or business plan (including mates) for projects where the total project cost (as declared in the financial section above) reds £50,000 (tick only when total project cost exceeds £50,000).
	Acco	ounts: I will make available on request the organisation's latest accounts
	Cons	stitution:
		I will make available on request the organisation's Constitution/Terms of Reference etc.
	Polic	cies and procedures:
		I will make available on request the necessary and relevant policies and procedures such as Child ection, Safeguarding Adults, Public Liability Insurance, Access audit, Health & Safety and ronmental assessments.
		er supporting information (Tick where appropriate, for some project these will not be icable):
		I will make available on request evidence of ownership of buildings/land
		I will make available on request the relevant planning permission for the project.
	rece	I will make available on request any other form of licence or approval for this project has been ived prior to submission of this grant application.
	And	finally
	V	I confirm that the information on this form is correct, any award received will be spent on the

activities specified.