



Reference no
Log no
<b>For office use</b>

## Area Board Projects and Councillor Led Initiatives Application Form 2019/2020

**To be completed by the Wiltshire Councillor leading on the project**  
Please ensure that you have read the Funding Criteria before completing this form  
**PLEASE COMPLETE ALL SECTIONS TO ENSURE THAT YOUR APPLICATION CAN BE CONSIDERED**

<b>1. Contact Details</b>	
<b>Area Board Name</b>	MARLBOROUGH
<b>Your Name</b>	JILL TURNER
<b>Contact number</b>	07900 2233345
<b>e-mail</b>	jillturner2211@gmail.com
<b>2. The project</b>	
<b>Project Title/Name</b>	Older Persons and Carers' Champion
<b>Please tell us about the project /activity you want to organise/deliver and why?</b>  <i>Important: This section is limited to 900 characters only (inclusive of spaces).</i>	<p>Following establishment early in 2019 the Marlborough Area Board's Health and Wellbeing Group focussed on the role of the Older Persons and Carers Champion (O.P.C.C.) as a key priority.</p> <p>Drawing on experience from elsewhere in the county there are significant benefits from the presence of the O.P.C.C. post holder in seeking and representing the views of older people and carers at both a local and county wide level to promote their interests and requirements as necessary.</p> <p>The post holder will also liaise with local care services and related health and wellbeing organisations to share and signpost information, establish connections, review needs, promote and deliver developments in response to locally identified priorities and requirements</p> <p>Support for carers and independent living have been identified as important aspects within the Joint Strategic Needs Assessment for the Marlborough Area and will be addressed through the focussed O.P.C.C. role</p>
<b>Where is this project taking place?</b>	Within the Marlborough Area Board's geographical territory
<b>When will the project take place?</b>	As soon as possible after funding has been secured.
<b>What evidence is there that this project/activity needs to take place/be funded by the area board?</b>	Support for carers and older people is recognised as an important dimension in sustaining independence. Experience from elsewhere in the county has demonstrated that a centrally funded post in the local community provides the leadership, co ordination and knowledge base required to support vulnerable people.

<b>How will the local community benefit?</b>	<p>Older people, carers, the cared – for and family members will be provided with increased support and an identified point of contact for information.</p> <p>Organisations which provide support will also benefit from the presence of the O.P.C.C. post providing a central point of focus and co ordination</p>		
<b>Does this project link to a current Community Issue?</b> (if so, please give reference number as well as a brief description)	The project links to the currently identified Marlborough JSA priorities for older people; social isolation and loneliness, independent living and positive activities for older people		
<b>Does this project link to the Community Plan or local priorities?</b> (if so, please provide details)	See above		
<b>Is this project supported by the Local Youth Network or Community Area Transport Group?</b> (if it relates to young people or highways and transport)	Not applicable		
<b>What is the desired outcome/s of this project?</b> Improved co ordination and provision of support for older people and carers in the Marlborough community. Identification of identified and unidentified requirements.			
<b>Who will be responsible for managing this project?</b>			
Chair of the M.A.B. Health and Wellbeing Group			
<b>3. Funding</b>			
<b>What will be the total cost of the project?</b>	<b>£3,000</b>		
<b>How much funding are you applying for? Please note that only capital funding is available</b>	<b>£1,500</b>		
<b>If you are expecting to receive any other funding for your project, please give details</b>	<b>Source of Funding</b>	<b>Amount Applied For</b>	<b>Amount Received</b>
	Marlborough H&WB budget	£1,000	£1,000
	Carer Support Wiltshire	£500	£500
<b>Please give the name of the organisation and bank account name (but not the number) your grant will be paid in to.</b> (N.B. We cannot pay money into an individual's bank account)	<p>Organisation name; Carer Support Wiltshire</p> <p>Bank account name 'Carer Support Wiltshire'</p>		
<b>4. Declaration – I confirm that...</b>			
<input type="checkbox"/> The information on this form is correct and that any grant received will be spent on the activities specified <b>YES</b> <input type="checkbox"/> Any form of licence, insurance or other approval for this project will be in place before the start of the project outlined in this application <b>YES</b>			
<b>Name:</b> Jill Turner		<b>Date:</b>	
<b>Position in organisation:</b> Chair of the M.A.B. Health and Wellbeing Group		15.7.2019	
<b>Please return your completed application to the appropriate Area Board Locality Team (see section 3)</b>			

