



Learning Disabilities Innovation Fund

Application form

Section A – Organisation Details

1. Organisation contact details:

Name of organisation	
Contact name	
Position in organisation	
Address for correspondence	
Contact telephone number	
Contact e-mail address	

2. Governing document *(please tick)*

Constitution	<input type="checkbox"/>	Articles of Association	<input type="checkbox"/>
Trust Deed	<input type="checkbox"/>	Rules	<input type="checkbox"/>

3. Please tell us briefly about your organisation’s aims, the main services/activities you normally provide

4. How many people are involved with your group?

Committee Members		Volunteers	
Paid staff		Members	

5. Payment details: (full bank details will be requested with any offer letter to enable payment by BACS)

Bank/Building Society Name	
Name of account	

Section B – The Project

6. Project overview

Name of the activity/project			
Tell us which theme(s) of the Learning Disabilities Charter you are applying under <i>(please indicate all that apply)</i>			
My Life, My Rights		My community. My Relationships	
My social life		My Support	
My Health		My Independence	
My Communication			
How much money are you asking for?			
Tell us the start and end dates of your project/when you intend to spend the funding. Please note that funds must be spent by 31st March 2022.			
Start date:		End date:	

7. Please use the space below to tell us a bit more about the people with learning disabilities you plan to support, including: -

- Where they live?
- How many you will support?
- How will tell them about the project?

8. Explain how your project was co-produced with people with learning disabilities: -

- Tell us who has been involved in developing the proposal?
- How were they engaged?
- How will they be involved in the delivery of the project?

9. Describe your project and how it meets the chosen themes of the Learning Disabilities Charter.

- Tell us what you would do with the funding under the themes you have applied for
- Explain why the funding is needed
- Use your video to tell us about your project

10. Tell us what makes your project Innovative?

- Tell us how your project develops or tests a new way of supporting and working with people with learning disabilities.

11. Explain how you plan to deliver this project taking COVID-19 into account.

12. Briefly tell us about the difference your project will make.

For your organisation/volunteers/individuals/communities - how will they benefit?

DECLARATION

We declare that to the best of our knowledge and belief all the above information is correct, and that in the event of a grant being awarded, it will be used exclusively for the purposes specified, unless changes have been negotiated with PAVS.

Organisation name	
Signed (<i>if printing a hard copy</i>)	
Signatory Position – Treasurer etc	
Dated	

CHECKLIST

Please ensure that you:

- Read the guidelines for the scheme
- Answer all the questions
- Complete the declaration and sign it (*if you are sending in a printed copy*)
- Keep a copy of your completed application form
- Submit a copy of your governing document
- Submit your video to support your project

In line with PAVS' Privacy Policy (<https://www.pavs.org.uk/privacy.html>) the information collected as part of this application process will be held in a central database of voluntary organisations. The details supplied on the application form are viewed by the assessment panel for this fund and shared as part of our partnership working to deliver this scheme. Details of funded projects may be published by PAVS and/ or West Wales Care Partnership. No personal contact details will be published.

Please send your completed application form to:

PAVS, 36/38 High Street, Haverfordwest SA61 2DA
Or email: development@pavs.org.uk