



Health Messaging Small Grants Funding 2021 Campaign 2 - Application Form
Cervical Screening/ Cervical Cancer and HPV Awareness

1. GDPR and Privacy

We would like to keep in touch with you about the work The VCS Alliance does and how it supports Bradford's community sector organisations, administers small grant opportunities, and works to build a stronger more resilient voluntary and community sector.

We will never sell your data and we promise to keep your details safe in line with UK GDPR, and Data Protection best practice.

Because the work we do is based around partnership working we are required to share details of organisations/ groups applying for small grants funding with partner organisations such as CCG's, NHS/ Primary Care for reporting and audit purposes.

By completing and submitting this small grant application you are consenting to The VCS Alliance sharing any and all information that is required by funding commissioners relating to this small grant bid and the work you have undertaken as a result of this small grant.

You can of course change your mind at any time by emailing info@thevcsalliance.org.uk

For further details on how your data is used and stored <https://bit.ly/TheVCSAlliance-PrivacyPolicy>

"We" and "The VCS Alliance" includes any charitable and trading subsidiaries of The VCS Alliance.

*** 1. Comms and Media - Informed Consent**

By ticking the following you are agreeing to each statement. We are aware that some participants may not give informed consent or can withdraw it at any time.

- I/ We agree that I will share any media relating to the project supported by this small grant with The VCS Alliance and furthermore, that The VCS Alliance has permission to share any requested media with the commissioners and other partners of this small grant.
- I/ We agree that any requested media can be used by The VCS Alliance to publicise the good works this small grant has supported electronically or in print.
- I/We will ensure informed consent is given by participants taking part in activities supported by this small grant before sharing images with The VCS Alliance.
- It is my/ our responsibility to ensure any participant(s) who has not given, or who has withdrawn their informed consent, captured in supplied/ requested media are obscured and can't be identified.
- I am/ We are aware that any withdrawn consent does not apply retrospectively but from the date The VCS Alliance was informed.



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2. About you and your organisation

*** 2. Name of your group or organisation?**

This is the name of the group or organisation applying for this Health Messaging Small Grant.

*** 3. Primary Contact name for the project?**

Please provide the full name of the Primary Contact for the project.

*** 4. Primary Contact's position in the Organisation?**

Please provide the position in the Organisation of the Primary Contact for the project e.g. Group Leader/Project Manager

*** 5. Primary Contact's telephone number?**

Please provide a telephone number we can contact you on, using the format 01234 567890 (putting the space in really helps with how the data is formatted).

*** 6. Primary Contact's email address?**

Please provide an email address we can use to contact you. Failure to provide a valid and monitoring email address could result in your application being rejected.

*** 7. Primary Contact's postal address and Post Code?**

Please provide a valid postal address for any correspondence.

Name	<input type="text"/>
Organisation	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>
Post Code	<input type="text"/>

*** 8. If your application is successful, are you able to hold these funds yourselves?**

Does your group/organisation have its own bank account which can be used to hold the grant monies?

Community Anchor Organisations may be able to hold funds on your behalf if needed, this will usually be because the group does not have a bank account of its own. Please ensure you've agreed this with your Community Anchor BEFORE submitting your application.

Yes No

If you are not able to hold your own funds please say why?

*** 9. Please provide the Bank Account details where your grant would be transferred to, if your application is successful.**

Payments cannot be made to any individuals - they must be made to an organisation's bank account.

If your Community Anchor organisation will be holding funds for you, you just need to state that in the Account Name below. You don't need to provide their bank account details, or photographic evidence.

If a third party organisation will be holding the money (including a Community Anchor), we will require written confirmation of this arrangement from yourselves and the third party organisation.

Confirmations should be emailed to info@thevcsalliance.org.uk

Account Name	<input type="text"/>
Sort Code	<input type="text"/>
Account Number	<input type="text"/>

10. Please upload a photograph or scanned image verifying your bank account details.

This picture should clearly show the sort code, account number and account name. The picture should be either of the cheque book, bank card or relevant section of a bank statement. Please ensure the image is clear and easy to read.

Choose File

Choose File

No file chosen



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3. Community Partnerships

* 11. Which Community Partnership Area(s) will this project cover?

If you don't know, please contact us: admin@thevcsalliance.org.uk or click 'Don't know'.
Before contacting us please use the information/ links provided above in Things To Note and the
Community Partnership demographic information links below.

Community Anchors:

Together 4 Health Community Partnership (CP4) - (Community Anchor **Girlington Community Advice and Training Centre)**

Demographic information and geographic coverage of Community Partnership 4

Bradford - Central 5 Community Partnership (CP5)- (Community Anchor **The Thornbury Centre)**

Demographic information and geographic coverage of the Central 5 Community Partnership

Bradford City and Horton Collaborative (CP6) - (Community Anchor **Bradford Trident)**

Demographic information and geographic coverage of Bradford City and Horton Community Partnership

- Bradford - Together 4 Health Community Partnership (CP4)
- Bradford - Central 5 Community Partnership (CP5)
- Bradford - Bradford City and Horton Collaborative (CP6)
- Don't know - Please contact us: admin@thevcsalliance.org.uk



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4. Which group will your work be targeting?

12. Please select which priority group your project will target

- Cervical screening/ cancer South Asian Women, or people with a cervix 25+ (70% weighting)
HPV South Asian girls and young women, people with a cervix/ boys and young men 12-25 years old (30% weighting)
- Cervical screening/ cancer Roma Women, people with a cervix 25+ (70% weighting)
HPV Roma girls and young women, people with a cervix/ boys and young men 12-25 years old (30% weighting)

13. Please tell us briefly about your past experience of working with your chosen community. If you do not have any experience of working with your chosen community what will you do to ensure you deliver this work with sensitivity acknowledging any potential cultural barriers?



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5. Project delivery - Staff training

Training of project delivery staff

Because of the nature of this Health Messaging topic we need to ensure this work is informed and delivered sensitively, therefore the following training is mandatory.

For those delivering to South Asian communities

- **Cervical screening/ cancer awareness.**

For those delivering to Roma communities

- **Cervical screening and cancer awareness**
- **Roma awareness training**

The cost of this training will be met from additional funds The VCS Alliance holds for this Health Messaging campaign.

* 14. Please enter the name and contact details of the lead member of staff nominated to undertake training.

Name	<input type="text"/>
Organisation	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

* 15. Do you agree to make this staff member available for training? *Time and date will be provided if your application is successful.*

Yes

No



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6. About your project

* 16. This Health Messaging campaign is being run in partnership with **The West Yorkshire and Harrogate Cancer Alliance**. They may be able to help you with aspects of your project such as media and comms i.e., Cervical screening leaflets and information.

Please tick yes or no if you would like to be put in touch with them to see what help/ resources they could offer.

Yes

No

* 17. **Please give an overview of your proposed project and any ideas you have for how you might continue this health messaging after the grant has finished.**

State the particular communities, neighbourhood/estate, what you will do with the money/delivery plans.

* 18. The end of your project will coincide with Cervical Screening Awareness week **20th - 26th June 2022**.

This would be an ideal opportunity to end your project with a meaningful but fun activity day or event. Please outline what you will do during this awareness week that will raise awareness and understanding even more.

For more information about Cervical Screening Awareness Week please visit:

[Cervical Screening Awareness Week](#)

*** 19. Please tell us how will this project will :**

- Increase understanding and uptake of cervical screening
- Increase understanding of cervical cancer and the links to cervical screening
- Challenge myths and untrustworthy information such as, *people that are sexually promiscuous have to have the HPV vaccine or that is how you develop cervical cancer?*

*** 20. How will you ensure that your activities are delivered in Covid-secure ways?**

We don't need a full risk assessment and delivery plan, but you will need to demonstrate that you have thought about how your activities can be delivered safely.

Please note that funding will NOT be provided for Sanitiser, Personal Protective Equipment (PPE)/Reusable Masks, or Covid-related Health Messaging Materials - Please speak to your Community Anchor organisation for details about how to obtain these.

*** 21. How many people do you expect to reach?**

Please provide a realistic estimate. This may include people reached via social media, attending your groups or in other ways.

Please enter a whole number.

*** 22. What is the total cost of your project? Please provide a simple breakdown**

The grant funding may not cover the overall cost of your project, although we would still like to understand what that overall cost is likely to be.

You may want to contribute your own organisation's own resources to support this project. Include any additional contributions, including in kind support.

* 23. Funding is for a set amount of £2000. Please acknowledge that you are aware of this and will scope/cost the project accordingly.

I acknowledge that the funding is a set amount of £2000 and will scope and cost accordingly

*** 24. When you have completed your project, what methods will you use to show how your project went and the outcomes it achieved?**

Be as creative as you like, providing that the outcomes are clearly stated - why not use photos, video, include a report from the local media, write a report etc.

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7. Measuring success and important dates

An important part of any project is reporting back to the funder to tell them how the project is going, and the degree to which it met its intended aims.

Before you submit your application, we are asking you to confirm that you understand the timetable for reporting back, and that your group or organisation will fulfil these expectations.

* 25. Important dates: **I agree to the following**

- I acknowledge that the submission deadline for applications is Friday **14th January 2022. 5pm**
- A progress update will be completed and submitted by **31st March 2022**
- The project will end on **26th June 2022**
- The final evaluation will be completed and submitted by **15th July 2022**
- We will run an event/ fun day etc during Cervical screening awareness week 20th - 26th June 2022
- I acknowledge and agree to conduct 3 questionnaires at the start, midpoint and end of the project with each participant



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8. Submitting your application

Your application is now ready to submit.

Please click the Submit button below.

You will be sent a confirmation that your application has been received, along with a copy of it within 5 working days.

**Thank you for your interest in the
Health Messaging Campaign 2 - Cervical Screening and HPV
awareness
Small Grants Funding.**