**CLEAR - Application Form**

**Closing date for applications: 9am Monday 10th January.**

Please return applications to [Leah.Morgan@respect.uk.net](mailto:Leah.Morgan@respect.uk.net)

**Due Diligence**

Accompanying this application, please include the following documentation to support your application.

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| Please provide as attachments: |
| * your audited accounts for the past two years |
| * your safeguarding policy |
| * your case management policy |
| * your equality/diversity policy |
| * your accreditation certification (Respect, Women’s Aid, Imkaan) or any evidence to indicate that you’re working towards this. |
| Please provide a description of anything you cannot provide: Max 200 words |

**Selection Process**

The team will review all applications and interviews with shortlisted candidates will interviewed in the w/c 17th of January 2022

Subject to a successful interview process the selected site will be notified on the week of 24th January with a view of initiating project work as soon as possible. Full details for TUPE will be provided at the same time as notification.

**APPLICATION**

**Section 1: Organisation Details**

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| **Organisation 1** |  |
| **Charity Number** |  |
| **Address** |  |
| **Lead Contact** | [Name]  [Job Title]  [Email]  [Telephone] |
| **Location and geographic boundary** |  |

**Section 2: Provision and Partnerships**

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| 1. **Please briefly describe any work you are already undertaking in your area** | |
| Perpetrator provision and survivor support | [Please include a link to information where we can find out about your values and approaches, which should include a gendered approached. If this is not available online, please outline in this section] |
| Are you Respect accredited or working towards accreditation? | Yes  / No  If not yet accredited, where are you at in the process? |
| Please explain your current funding arrangements including length of time funded. | [Please include who funds your work and the length of time for which your work is commissioned. We do not need to know individual funders, but the nature of the funding for example, Welsh Government, PCC, Trusts and Foundations] |
| Do you hold any other accreditation? | Yes  / No  Please list |

**Section 3: Project Delivery and Sustainability**

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| 1. **Please tell us why you want to deliver CLEAR and include your experience delivering perpetrator services? 500 words** |
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| 1. **Please tell us how you will deliver the service, including planning and timeframes for set up? 500 words** |
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| 1. **Please tell us how you propose to use the funded amount? 200 words** |
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| 1. **Please provide a detailed breakdown of spend against the suggested budget lines below. Please add or change lines as required. Include any additional or match funding contribution and indicate the total amount in this budget.** |

Please note the maximum available for each year and do not exceed this, budgets that exceed the maximum available will be automatically excluded.

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| Category | Year 1  2021-22 | Year 2  2022-23 |
| Perpetrator: Line Management |  |  |
| Perpetrator: Front line delivery staff |  |  |
| Travel/Expenses |  |  |
| Recruitment |  |  |
| Training |  |  |
| Accreditation of the relevant organisation (Respect/Women’s Aid/Imkaan) |  |  |
| Admin/core costs |  |  |
| Premises, Office, Legal & Finance costs |  |  |
| Information management and outcome measurement |  |  |
| IT and phone |  |  |
| Clinical supervision |  |  |
| Other |  |  |
| Other |  |  |

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| 1. **Please tell us about your operational and case management processes and supervision policies. What case management systems do you use? 500 words** |
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| 1. **Please tell us about your ability to deliver an accessible service and in particular how you take a gendered and intersectional approach to your work. Please include details of how you will mitigate barriers to people accessing services across the relevant workstreams. 300 words** |
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**Section 4: Signatories and Declaration**

Check the box to confirm that:

* The information you have given is accurate and true at the time of completion.
* Your application has been authorised to apply by the governing body of your organisation.
* Your organisation has the legal power to deliver the project you have described in this form.
* You understand that if you make misleading statements or withhold information at any point, your application will be invalid, and you will be liable to repay any money you have received.

I agree

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| --- | --- |
| **Signed by organisation applicant** | [Name]  [Job Title]  [Organisation]  [Signature]  [Date] |