**Expression of Interest – Birmingham COVID Self Isolation Support**

**Declaration: Please read the following information carefully before continuing.**

I confirm that I have read, understand and accept the following information and policies:

You will process my details in accordance with the following policies:

* [Privacy Policy](http://www.heartofenglandcf.co.uk/privacy-policy/)
* [Data Protection Policy](http://www.heartofenglandcf.co.uk/wp-content/uploads/2018/05/Data-Protection-Policy-2018.pdf)

**For Groups applying:**

* I am authorised to submit this application on behalf of the applicant group/organisation.
* We are a local group/organisation based within a Birmingham postcode.
* We have at least three members on our management committee.
* We have a bank account and governing document in the name of our group/organisation.
* We have a set of financial accounts or projections.
* We have at least 2 unrelated bank signatories.

If you have any queries then please contact Shamiela Ahmed via e-mail : [Shamiela@heartofenglandcf.co.uk](mailto:Shamiela@heartofenglandcf.co.uk)

**Section 1.0 – All about you**

|  |  |
| --- | --- |
| Name of your organisation: |  |

Address of your Organisation:

|  |  |  |  |
| --- | --- | --- | --- |
| Address Ln1 |  | | |
| Address Ln2 |  | | |
| Address Ln3 |  | Address Ln4 |  |
| Town/City |  | Post Code |  |
| County |  | | |
| Telephone |  | | |
| Email |  | | |
| Website |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Main Contact Person**  (these are the details that will used for correspondence purposes) | | | |
| Title |  | | |
| Forename |  | | |
| Surname |  | | |
| Role |  | | |
| Daytime Tel: |  | Mobile No: |  |
| Evening Tel: |  |  |  |
| Email: |  | | |

What type of organisation are you? (select as many as appropriate & indicate numbers company or charity numbers if applicable)

|  |  |
| --- | --- |
| A registered charity |  |
| Company Limited by Guarantee |  |
| Unincorporated club or association? |  |
| Community Interest Company? |  |
| Other? (If yes please supply): |  |

**Staffing and volunteers:**

How many of each of the following are involved in the organisation? (insert numbers)

|  |  |  |  |
| --- | --- | --- | --- |
| Part Time Staff |  | Management Committee |  |
| Full Time Staff |  | Volunteers (excl Management Committee) |  |

**Please outline what support your organisation is able to provide:**

* Collecting prescriptions and delivering medication
* Collecting food parcels and delivering them
* Dog walking
* Taking children to and from school (DBS checked individuals only)
* Providing activity packs

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**Who will provide the support? Are they DBS checked?**

**(The use of volunteers is preferable however if there are issues with volunteer capacity then it is ok to use staff)**

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**Please highlight if any of your volunteers/staff are able to speak other languages in addition to English which may support those self-isolating?**

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**How much capacity does your organisation have? How many hours a week are you able to provide this support?**

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**Are you able to offer support outside of business hours and at weekends? (If required)**

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**How would we contact you outside of business hours?**

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|  |

**Which area/wards in Birmingham can you cover?**

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