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| C:\Users\1283020\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\T-buc White Logo copy.png  **T:BUC Camps Programme 2021/22**  **Application Form** |
| **NOTES:**  Applications can be submitted as follows:   * Online, at www.eanifunding.org.uk/tbuc   or   * Downloaded from the website above, and emailed to [tbuc@eani.org.uk](mailto:tbuc@eani.org.uk)   or   * Hard copy, which will only be provided upon request to [tbuc@eani.org.uk](mailto:tbuc@eani.org.uk) or by phoning 028 9056 6952, and must be returned by the closing date and time to:   EANI Youth Service, Grahamsbridge Road, Dundonald, Belfast.  **Please read the Guidance Notes before you fill in this form.**  Copies of the Guidance Notes and Application Form are available to download at [www.eanifunding.org.uk/tbuc](http://www.eanifunding.org.uk/tbuc)    You must submit separate application forms for each proposed T:BUC Camps Project.   * Please answer each question in the box provided. No additional documentation will be considered. Please do not send any additional brochures or leaflets.   If an application is deemed incomplete it will be rejected.  ALL APPLICATIONS ARE MADE SUBJECT TO FUNDING |
| **Submitting your Application** |
| * Applications can be submitted online or returned to the Education Authority as indicated above. A receipt of arrival will be sent to the account.   OR   * Applications may be submitted by email or hard copy. Applications should be returned to:   Youth Service, Education Authority, Grahamsbridge Road, Dundonald, Belfast, BT16 2HS  or email: [tbuc@eani.org.uk](mailto:tbuc@eani.org.uk). A receipt will be sent to the applicant.  **The closing date for receipt of all applications with appropriate documentation is**  **Friday, 29 January 2021 at 4pm.**  **Applications received after the closing date/time may not be considered.** |

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**Twitter - @TBUCCamps Facebook** [**www.facebook.com/tbuccamps**](http://www.facebook.com/tbuccamps)

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| **Section 1 - Organisational Background** | | | | | | |
| **Group/Lead Organisation Name** |  | | | | | |
| **Contact Name** |  | | | | | |
| **Position** |  | | | | | |
| **Address for Correspondence** |  | **Post Code** | | |  | |
| **Telephone Number** |  | **Mobile** | | |  | |
| **Website and Social Media Addresses** |  | | | | | |
| **Email Address** |  | | | | | |
| **Please indicate how you found out about T:BUC Camps** | Funding Forum | |  | Executive Office Website | |  |
| E-mail Notification | |  | EA Website | |  |
| Council Good Relations Officer | |  | Partner Group | |  |
| Other (specify) | |  |  | | |

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| **Is your organisation registered with the Education Authority?** | | |  | |
| **If your group is NOT registered with EA please provide Bank Account details. (Bank Account must have two signatories and be in the same name as the applicant group)**  ***e.g. schools, voluntary organisations*** | | | | |
| **Bank Account Name** |  | | | |
| **Account Number** |  | | | |
| **Sort Code** |  | | | |
| **Name of Bank** |  | | | |
| **Bank Address** |  | **Post Code** | |  |

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| **A list of office bearers will be required if you are successful.** |

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| **What is the legal status of your organisation? (E.g. voluntary/community body with a constitution, limited company/company limited by guarantee with charitable status, registered charity etc.).** |  |
| **Charity Registration Number (if applicable)** |  |

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| **Child Protection Declaration BY NON-REGISTERED GROUPS**  **Please refer to Section 7 of Guidance Notes** | | |
| **Does your organisation have a child protection policy*? A copy of the child protection policy will be required if you are successful.*** | YES NO | |
| **All staff leading and working on this camp are trained in safeguarding and child protection procedures as follows:**   * Know the protocols to protect young people by attendance at a training session on child protection and safeguarding * Knowledge of process and documentation for reporting * Aware of need to inform parents and young people of protocols and mechanisms to do this * Aware of need to display the name and contact details of designated child protection officer at all events and activities, and understand how to do this * Aware of agreed protocols for child protection between groups if partnering with another group * Know who the designated and deputy designated child protection officer is for each event and activity   **This will be confirmed at any monitoring visit.** |  |  |
| **Does your policy outline procedures for recruitment and criminal record background checks in line with the Department of Education regulations?** (see guidance) | YES NO | |
| **STATEMENT OF ASSURANCE** | | |
| Our organisation is in compliance with the Disclosure and Barring Procedures as described in the Department of Education guidance published January 2014.  **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chairperson:** | | |
| **Groups are advised it is an offence to knowingly employ a person who has been disqualified from working with children** | | |
| **Do you hold current and appropriate insurance cover for your project including Public Liability and Employers Liability Insurance?** | YES NO | |
| **Is your organisation registered with Access NI?** | YES NO | |
| **If yes, please provide** | | |
| **Date of Registration** |  | |
| **Access NI Registration Number** |  | |
| **Name of Lead Signatory for Registration** |  | |
| **OR** | | |
| **Date of Registration** |  | |
| **Access NI Registration Number** |  | |
| **OR** | | |
| **If the organisation is not registered in either case above, please provide a statement detailing why this is the case** | | |
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| **Section 2 - Your T: BUC Camp Project** | | |
| **Group/Lead Organisation** |  | |
| **Name of Project** |  | |
| **Start Date (day/month/year)**  ***Guidance Section 6*** |  | |
| **End Date (day/month/year)**  ***Guidance Section 6*** |  | |
| **Band of Funding being applied for:**  ***(Please see Guidance Section 9 for further details on the different bands of funding)*** | **Band 1** |  |
| **Band 2** |  |
| **Band 3** |  |
| **Contact Details for person responsible for delivery if different from person named in Section 1 of application form.** | **Name** |  |
| **Position** |  |
| **Telephone Number** |  |
| **Email Address** |  |

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| **Please provide details of the partner(s) group involved in the project.**  **A letter/letters of support will be required if you are successful.** | |
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| **Risk Assessment Process (Section 13 of the guidance)** | |
| **Please confirm that a risk assessment process is in place, and that risk assessments will be carried out by staff as necessary, logged and made available at monitoring visits.** | |
| **YES** | **NO** |

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| **Section 3 - Our Children and Young People** | | | | |
| **Projects are cross community and include both Catholic and Protestant participants, however applications are welcomed from groups which include participation from other communities including ethnic minority communities and those of different racial backgrounds.**  **As far as possible the number of participants from Catholic and Protestant communities should be relatively equally split. It can be difficult to achieve an equal split therefore some flexibility is allowed. Refer to Guidance Section 7 before completing this section.** | | | | |
| **Please provide proposed numbers of young people and leaders** **involved in the project:** | | | | |
| **Number of Young People (i.e. Participants)** | **11-13 years old** | **14-16 years old** | **17-19 years old** | **Total Participants** |
|  |  |  |  |
| **Number of Camp Leaders and Assistants** | **Paid –**  **(either by funding or directly from Employee)** | **Voluntary** | **Under 25 years – (Camp leaders/ assistants either in a paid or voluntary role)** | **Total**  **(Leaders and assistants)** |
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| **Community backgrounds of the young people involved in the project:** | | | | |
| **Protestant**  **(Number)** | **Catholic**  **(Number)** | **Other Communities (Number)** | **Please provide details of Other Communities** | **Total Participants** |
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| **Do you aim to recruit any of the following young people?** | | **Tick if Yes** |
| **With a disability** | |  |
| **From other communities, including ethnic minority communities and those of different racial backgrounds** | |  |
| **Not attached to a youth group** | |  |
| **Excluded from school** | |  |
| **Other (Please give details)** |  | |

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| **In which District Council Areas will young people be recruited?**  ***A list of Council Areas is provided in Appendix 5 of the Guidance Notes.***  **Please also highlight the villages, towns or housing estates within this area from which recruitment will be targeted.** | | | |
| Council Area (s) | Town | Or Village | Or Housing Estate |
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| **RECRUITMENT:** Recruitment is targeting young people living in divided communities and/or young people who don’t usually have the opportunity to interact with others from different backgrounds and those outside established groups/structures*.* | | |
| *Please refer to Section 6 &7 of the Guidance Notes.*   * Describe the methods to be used to identify/recruit young people * What are the needs in your community that requires this funding? * If a school, how is this part of Good Relations or a Shared Education action plan? * If there is a reason to recruit the same young people from a previous year, provide a strong rationale |  | |
| **Max 300 Words** | **Word Count \_\_\_\_\_\_\_\_\_\_\_\_** |

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| **T:BUC CAMPS PROGRAMME OUTCOME 1 – Positive attitudinal change towards people from different backgrounds** | | |
| Projects must encourage and facilitate positive attitudinal change towards people from different backgrounds.  Project’s content and delivery should be aimed at:   * Challenging stereotypes, and prejudices * Increasing understanding and respect for difference * Developing positive relationships between young people from different backgrounds * Facilitating the development of skills and attitudes towards difference and so developing an awareness of what influences their views, feelings and behaviours   Outline how your project will deliver this outcome through the 3 phases of the programme.  *(Please refer to Section 6 of the Guidance Notes.)* |  | |
| **Max 250 Words** | **Word Count \_\_\_\_\_\_\_\_\_\_\_\_** |

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| **T:BUC CAMPS PROGRAMME OUTCOME 2 – Sustained contact and friendships developed between young people from different backgrounds.** | | |
| Opportunities for the development of friendships at each phase of the T:BUC Camps process (Pre-Camp, Camp and Post-Camp) and facilitate young people to maintain contact after the project is completed.  Please outline how your project will deliver this outcome.  If your project covers a large geographical area and does not involve groups from the same locality, provide a rationale for this and explain how you will ensure there is sustained contact and friendships.  What is the exit plan for your group after the programme has completed?  *(Please refer to Section 6 of the Guidance Notes.)* |  | |
| **Max 250 Words** | **Word Count \_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Section 4 - Our Cultural Expression** | | |
| **T: BUC CAMPS PROGRAMME OUTCOME 3 – Young people have a better understanding and respect for cultural difference.** | | |
| Describe how your project will deliver this outcome, including what methods you will use:   * Ensuring a safe and inclusive camp programme for all participants * Develop respect and acceptance of others amongst participants * Ensure that young people develop an understanding of their own and other cultures and traditions * Provide opportunity for young people to appreciate the richness and diversity of their own and other cultures   *(Please refer to Section 6 of the Guidance Notes.)* |  | |
| **Max 250 Words** | **Word Count \_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Section 5 – Social Action** | | | |
| **ALL T:BUC CAMPS MUST INCLUDE A SOCIAL ACTION PROJECT AS PART OF THEIR POST-CAMP PROGRAMME.** | | | |
| **Please confirm you will be undertaking a social action project as part of the Post-Camp programme.** (This is a compulsory element) | | **YES** | **NO** |
| Number of hours to be dedicated to the social action project.  Briefly describe how you will support young people to:   1. Engage with leadership and development opportunities, allowing them to plan, implement, and decide the type and activities of the social action project. 2. Reflect on and evaluate the impact of the social action project.   *Please refer to Section 6 of the Guidance Notes.* | ……………… hours.  *Maximum: 150 words* | | |

| **Section 6 - Programme of Activities** | | | |
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| **Please describe the programme of activities that your project will undertake at Pre-Camp, Camp and Post-Camp. T:BUC Camps must be focused on good relations and deliver good relations content at Pre-Camp, Camp and Post-Camp stages. An example of how to complete this table is contained in the Guidance Notes at Appendix 1.** | | | |
| **Comprehensive outline of your programme of activities and how it relates to good relations** | **Dates delivered and venue** | **Number of Face to face Hours** | **Key Delivery Targets** |
| ***Pre-Camp: at least 10 hours face to face, over a minimum of 2 sessions*** | | | |
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| ***Camp: at least 15 hours face to face, and a minimum of 3 consecutive days*** | | | |
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| ***Post-Camp: at least 10 hours face to face, over a minimum of 2 sessions, including social action*** | | | |
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| Section 7 - Financial and Management Information | | | | | | | |
| **Please note that information supplied in this form will be uploaded onto the Government Funding Database if successful.** | | | | | | | |
| **What management and financial controls will be in place to make sure your project is delivered on time and within budget?** | |  | | | | | |
| **Is your organisation currently in receipt of funding from a Government Department, European Programme or the International Fund for Ireland?** | | **YES /NO**  **If YES, please provide details** | | | | | |
| **Has your organisation applied for any future funding from any other Government Department, European Programme or the International Fund for Ireland? *(Please circle)***  **If Yes, Please provide details below:** | | | | | | | **Yes No** |
| **Department/ Programme/IFI** | **Years** | | | **Amount (£)** | | **Purpose** | |
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| **You are required to provide match funding of £10 per participant. Please detail how this will be raised and what element(s) of your project you will use this for. Refer to Section 8 of the Guidance Notes.** | | | | | | | |
| **Number of Participants** | | | **Match Funding Required** | | | | |
|  | | | **£** | | | | |
| **How will this be achieved?** | | | | | | | |
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| **Which project items will the match funding detailed above be spent on?** | | | | | | | |
| **Item** | | | | | **Cost (£)** | | |
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| **Total** *(this should add up to the match funding amount you have stated)* | | | | | **£** | | |

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| **Please give a full breakdown of the costs requested from the T:BUC Camps Programme 2021/22**  ***Please see Guidance Notes for Funding and Eligible Costs Section 9.*** | | |
| **Cost Heading** | **Detailed Breakdown/ Calculation of Cost** | **Total Amount (£)** |
| **Transport** |  |  |
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| **Entrance Charges/Activity Costs** |  |  |
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| **Hire of Premises** |  |  |
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| **Equipment/ Material** |  |  |
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| **Staffing:**  **Please provide a full breakdown of ALL staff costs including, employment of sessional tutors, facilitators and specialists. (*See Guidance Notes Section 9 and Appendix 3 – Conditions relating to staff costs)*** | | |
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| **Preparation Time** *(Please see Section 9 of Guidance notes)* |  |  |
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| **Residential Costs** |  |  |
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| **Food and Refreshments Costs** |  |  |
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| **Other Costs** *(Please write in)* |  |  |
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| **Final Total** | | **£** |
| **Total amount being requested from this programme** | | **£** |

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| **VALUE FOR MONEY** | | | |
| **Please state how your project represents good value for money.**  **This should include the following, if appropriate:**   * **Preparation/ administration time** *(see Section 9 of Guidance Notes)* * **Ratio of staff to young people (***see Section 8 of Guidance Notes)* * **Employment of specialist staff** *(see Appendix 3 of Guidance Notes)* |  | | |
| **Apart from match funding, do you expect to receive funding from any other sources in respect of this project?** *(Please circle)*  **If Yes please provide details below:** | | | **Yes NO** |
| **Source** | | **Description of what this funding will be used for** | **Amount (£)** |
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| **Total Other Funding Sources** | | | **£** |

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| **Section 8 - Declaration** | | | |
| **Please sign below (at least one of those signing must be an office bearer)** | | | |
| On behalf of the organisation, we confirm that the information on this form is correct and that, if this application is successful, we will comply with the Executive Office and Education Authority requirements.  **We confirm that we are committed to ongoing sharing of learning and collaboration for monitoring and evaluation purposes.** T:BUC Camps Programme is being implemented through an action-learning approach. Consistent with the ethos of co-design, we require that everyone involved is committed to bringing their expertise to bear on a collaborative basis to sharing emerging learning, particularly with reference to measurement of T:BUC Camp outcomes. As such, groups must comply with and contribute to the monitoring and evaluation requirements for the Programme. This will include hosting visit(s) for the purpose of evaluation and quality assurance and collation of evaluation information/ questionnaires.  **We confirm that we are committed to participating in all activities and events organised by Executive Office.** Executive Office may organise a number of activities and events, including a Reunion Event for all camp participants to provide a further opportunity for the young people to get together to celebrate their achievements and build on their friendships.  We understand that this form may be made available to other government departments and/or agencies for the purposes of audit, research, meeting statutory obligations and preventing or detecting crime. | | | |
| **Signed** |  | **Signed** |  |
| **Name** |  | **Name** |  |
| **Position** |  | **Position** |  |
| **Date** |  | **Date** |  |