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**Application Form**



Sessional Community Researcher

for Research Engagement Network (REN) Programme

# Please read the guidance notes before filling in the application form. Please answer all sections.

We will use the information you provide in this document to assess your application. If you are successful, information you give will be used in your grant agreement. Grants will be awarded to cover the associated costs within the delivery of the project including travel costs, additional training, DBS checks, costs towards room hire, equipment and refreshments.

We will only accept electronic applications.

**Closing date/time: Tuesday 23rd April 2024**

**SECTION 1 – ELIGIBILITY**

|  |  |  |
| --- | --- | --- |
| **1.** | **Checking you’re allowed to apply for the Sessional Community Researcher grant.**  **Please answer Yes, No or N/A (for not applicable)** | |
| **1.1** | Are you over the age of 16 years? |  |
| **1.2** | Do you live in Derby city? |  |
| **1.3** | Do you have lived experience or awareness of issues affecting Black, Asian or Ethnic Minority communities? |  |
| **1.4** | Do you have experience of working with Black, Asian or Ethnic Minority communities and culturally diverse individuals or groups in a compassionate and empowering way? |  |
| **1.5** | Do you understand the importance of Equality, Diversity and Inclusion? |  |
| **1.6** | Are you open to new ideas and flexible in relation to ways of working and times of working? |  |
| **1.7** | Do you have Disclosure and Barring Service (DBS) clearance? If not, are you willing to undertake this as part of the project? |  |
| **1.8** | Are you willing to provide a reference to support your application for the grant? |  |
| **1.9** | If your application is successful, do you agree to sign a funding agreement? |  |
| **1.10** | If your application is successful, do you agree to regularly monitor and evaluate the project, service or activity proposed in this application? Monitoring templates will be provided. |  |
| **1.11** | If your application is successful, do you confirm that you will be ready to  deliver within the designated project timeline? |  |
| **1.12** | If your application is successful, do you confirm that you will attend a training and induction day in person? |  |

**SECTION 2 – DETAILS OF APPLICANT**

# Details of applicant (Community Researcher)

|  |  |
| --- | --- |
| Full Name |  |
| Contact address, including postcode |  |
| Your community group or organisation name(s) |  |
| Your role in the community group(s) |  |
| Telephone number: |  |
| Email address: |  |

# Contact details of the main signatory for the agreement of organisation if applicable

|  |  |
| --- | --- |
| Main contact name/position |  |
| Contact details |  |
| Address where the organisation/group meets, if different to one above |  |
| Website address |  |

**SECTION 3 – EXPRESSION OF INTEREST - PROPOSAL SUMMARY**

|  |  |  |
| --- | --- | --- |
| **An under-served community** refers to populations that face barriers and challenges in accessing and using heath and care services and are also under-represented in health and care research. This may be due to race and cultural heritage, geographic location, religion, sexual orientation and gender identity. Under-served populations can experience challenges such as language and cultural barriers, physical and/or cognitive ability, citizenship status, or age. | | |
| **1. Delivery of project** | | |
| 1. a) | Are the community group or groups you represent under-served?  If yes, please tell us about the barriers and challenges experienced by the group/s  (100 Words) | Yes No (Delete as appropriate) |
| 1 b) | Please tell us about your relevant experiences and the skills you will bring to role of the community researcher.  *Please refer to the guidance document to answer this question*  (Max 100 words) |  |
| 1 c) | Please tell us your ideas about how you would like to help the communities you will represent to be involved in research as a Community Researcher.  (Max 100 words) |  |

|  |  |  |
| --- | --- | --- |
| **2.** | **Please tell us a bit more about your community group or groups in the following questions:** | |
| 2 a) | Who is the target audience for your community group?  Please include any specific demographics like age, gender, ethnicity, or other characteristics that your group identifies with  (Max 100 words) |  |
| 2 b) | What is the geographical area your community group covers?  (Max 100 words) |  |
| 1. c) | How many members do you have in your group and / or approximately what is the size of the community that you represent? | Membership numbers:  Community size: |
| 2 d) | What are the most effective ways to share information with your community members?  (Max 100 words) |  |
| 2 e) | Do your community members have any specific language, cultural or other communication needs or preferences?  (Max 100 words) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please note the planned project start and end dates as below.** | | | |
| **Start date:** | **01/05/2024** | **End date (if known):** | **31/12/2024** |
| Are you able to meet the project start and end dates? Yes or No (Delete as appropriate)  Any changes to the planned project end date will be agreed with you. | | | |

**3. Finance** (up to a maximum of **£2,000**)

Please provide a breakdown of costs within the maximum budget.

**SECTION 4**

# By signing the EOI, I confirm that all information supplied is accurate and that I am

**authorised to sign and/or (if applicable) on behalf of the organisation**

|  |  |
| --- | --- |
| Signature of applicant |  |
| Date |  |

**Authorised signature on behalf of an organisation**

|  |  |
| --- | --- |
| Authorised signature |  |
| Position |  |
| Date |  |

**SECTION 5 - CHECKLIST**

|  |  |
| --- | --- |
| **Have you…?** | |
| Completed every section |  |

|  |  |
| --- | --- |
| **Please confirm you have the following document**  (Please note – we may request a confirmation if your application is successful) | |
| Disclosure Barring Service (DBS) for applicant.  Individuals, organisations and groups **must comply** with Community Action Derby general rules and conditions for grants, including Disclosure Barring Service (DBS) checks of all individuals in regular contact with children or vulnerable adults. |  |

**When completed, please return to:**

Ailya Habib via email only: [ailya.habib@communityactionderby.org.uk](mailto:ailya.habib@communityactionderby.org.uk)

**Community Action Derby** 30 Charnwood Street Derby

DE1 2GU

or

Shot Tower, 1 Morledge Derby

DE1 2AW

Tel: (01332) 346266

Email: [enquiries@communityactionderby.org.uk](mailto:enquiries@communityactionderby.org.uk) Web: [www.communityactionderby.org.uk](http://www.communityactionderby.org.uk/)

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