Childhood Immunisation Grants

Funding of up to £500 to support our childhood immunisation campaign.

We are offering the opportunity for funding to run sessions supporting our campaign to encourage uptake of childhood immunisations**.**

Small grants of up to £500 are available to support parents of children under five - and help protect them against childhood illnesses. We want to reach groups with the lowest uptake of childhood immunisations across south west London, including parents and carers of children under 5 years old.

A grant of up to £500 is available per organisation. You could use the grant to expand an already existing event/ group or provide additional activities to incentivise people to attend. For example, you could extend an existing parent and carers’ group to have conversations about childhood immunisations, answering any questions or concerns and signposting to where they can book a vaccination or find out more information.

If you’re interested, please download and complete this short form and return to [training@cvalive.org.uk](mailto:training@cvalive.org.uk).

The closing date for applications is midnight Sunday 23 June 2024**.** All events must be completed by the end of September 2024. Successful applicants will be notified as soon as possible after the closing date.

If you need any support or have any questions, please contact us directly at [training@cvalive.org.uk](mailto:training@cvalive.org.uk) and we would be happy to arrange a conversation with you.

Please note you may wish to keep your own copy of your application for future grants.

The South West London Voluntary, Community and Social Enterprise (VCSE) Alliance is managing the grant process on behalf of NHS South West London - via Croydon Voluntary Action.

All questions marked with \* are required information. Please complete all 7 sections.

# Section 1: Eligibility

1. This funding is for community and voluntary organisations that can run activities which engage with parents, carers and guardians of children under the age of 5 years old.  Are you able to reach this group? \*

Yes

No

If no, you are not able to meet the criteria to apply for this funding and unfortunately your application is unsuccessful.

If you would like to keep informed of upcoming opportunities, please contact: [getinvolvedSWL@swlondon.nhs.uk](mailto:getinvolvedSWL@swlondon.nhs.uk)

# Section 2: Organisation details

*Please tell us who you are.*

1. Name of your organisation \*
2. Type of organisation \*
3. Where is your organisation based?

Croydon

Kingston

Merton

Richmond

Sutton

Wandsworth

1. Organisation address \*
2. Is your organisation a registered charity or company? \*

*If not, please provide more information*

Registered Charity

Registered Company

Other

(Please provide more information below)

1. If yes, what is your registered charity/company number? \*
2. Contact name and role within the organisation\*
3. Email Address\*
4. Phone (mobile/landline)\*

# Section 3: Tell us about your event or activity

1. What would you like to do to support our childhood immunisation campaign?

(Please provide a description of your proposed activity/event.\*)

1. Please explain how you will engage with local people around childhood immunisations during your activities?

(For example, if you are running a play session you are able to speak to parents, carers and guardians about vaccinations and respond to key questions and concerns, and support people to book a vaccination or where to find out more information. \*)

1. How many activities are you planning to run? \*
2. Please list all the dates and times (where known) below: \*

# Section 4: Who will you reach?

1. Please state which areas your event or activity would reach in South West London (Croydon, Merton, Kingston, Richmond, Sutton, Wandsworth)? \*

Addington (Croydon)

Beverly (Kingston)

Berry Lands (Kingston)

Croydon North (Croydon)

East Merton (Merton)

Fairfield (Croydon)

Ham (Richmond)

Latchmere (Wandsworth)

Petersham (Richmond)

Queenstown (Wandsworth)

Richmond Riverside (Richmond)

St Helier (Sutton)

Sutton Central (Sutton)

Wandle Valley (Sutton)

Other (please write the other area/s here)

1. What languages are spoken by the group that you are working to reach? This information will help us to provide you with translated materials. \*

Akan

English

French

Gujarati

Igbo

Italian

Korean

Polish

Portuguese

Romanian

Somali

Tamil

Tigrinya

Urdu

Other (please write other languages below)

1. Where would you like the leaflets delivered? Please give us your address.\*
2. How many people do you think will attend? \*

# Section 5: Tell us what you are applying for?

1. Please outline the budget you need. Please detail the item and cost of each.\*
2. Outline the total amount of funding requested. A Maximum of £500 can be requested\*

# Section 6: Documentation

1. Do you have adult and children's safeguarding policies in place?

Yes

No

Not sure

1. Do you have DBS checks in place for the staff who will host the session?

Yes

No

Not sure

1. Do you have a public liability insurance policy in place?

Yes

No

Not sure

# Section 7: Declaration and signature

I agree to the following:

* The information provided on this form is true and correct.
* I understand that the South West London Voluntary, Community and Social Enterprise (VCSE) Alliance is managing the grant process on behalf of South West London NHS - via Croydon Voluntary Action. Details provided in this form will be shared with Croydon Voluntary Action.
* I understand the details in this form will be shared with Croydon Voluntary Action in order to process my application.
* I understand that if this application is successful, I will liaise with Croydon Voluntary Action to ensure health and care services are discussed or signposted to at the event and a summary of the activity, attendance and insight collected to be shared with South West London NHS and Croydon Voluntary Action following your activity.
* I understand that if the application is successful, I will invoice the training@cvalive.org.uk to receive payment within the required time period
* I understand that South West London NHS and Croydon Voluntary Action will be able to contact me after the activity or event for feedback as part of the evaluation - please see guidance for more information.
* I understand the grant provided will be used solely for the purpose set out in this application. If there are any substantive variations, I will agree this in writing to training@cvalive.org.uk.
* I agree to keep records of expenditure in business-like manner and if requested, we will provide Croydon Voluntary action with evidence of how the funds were spent including copies of invoices and receipts.

I agree ☐

Date of completion (dd/mm/yyyy):