**Forces in Mind Trust - Initial Application form (Health)**

Welcome to the Forces in Mind Trust Health Programme application process.

Please complete this application and submit it through our online webform [here](https://www.fim-trust.org/apply/submit-application/). When completing the webform, please fill in your details paying particular attention to the following sections:

* *Project title* – keep this to 10 words max.
* *Which programme do you wish to apply for* – select ‘Health’
* *Upload cover letter* – include a short 2-page CV (listing associated publications as relevant)
* *Upload project outline or two-page application –*  upload *only* this Initial Application form (in MS Word). Please be sure to list all references at the end of this form (ie Section 4: Bibliography).

If you are responding to a Highlight Notice, please note the reference number in Section 2.2.

**Please complete the following summary details:**

|  |  |
| --- | --- |
| **Organisation Applying** |  |
| **Main Contact** |  |
| **Main Contact Details** | Email:  Phone: |
| **Project Title**  (10 words max) |  |
| **Project Duration** |  |
| **Funding Requested** | Project Total cost: £\_\_\_\_\_\_\_\_\_\_\_\_\_  Total requested from FiMT: £\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Other funding sources applied to eg Covenant Fund; NIHR** |  |
| **OFFICE USE** | |
| **Unique Reference No.** |  |
| **Highlight Notice No. (if applic)** |  |
| **Date Received + Version No.** | Date: Version No. |
| **Eligibility criteria (delete\*)** | I confirm this application **passes/fails\*** on the grounds of FiMT eligibility criteria |
| **HPM: MHRP fit (delete\*)** | I confirm this application **does/does not\*** fit with Health priorities |
| **HP: PIE priority fit (delete\*)** | I confirm this application **does/does not\*** fit with PIE priorities:  **Change Mechanisms: CM1** Knowledge and Evidence, **CM2** Influence and Convening, **CM3** Collaboration and Leadership, and **CM4** Capacity Building  **Outcomes**: Housing, Employment, Health & Wellbeing, Finance, CJS, Relationships |
| **HPM (please date):** | |
| **HP Notes (please date):** | |
| **DP Notes (please date):** | |

**Section One: Organisation and Contact Details**

**1.1** **Organisation name**

What is the legal name of your organisation (as shown in your governing document)?

|  |
| --- |
| [Text] |

**1.2**  **Organisation address**

What is your organisation’s registered address including postcode? If your organisation’s registered address is outside the UK, please enter the Tax Identification Number in the box below.

|  |
| --- |
| [Text] |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone number one (or text phone) | [Text] | Email address (if applicable) | [Text] |
|  |  |  |  |
| Tax Identification Number (if applicable) | [Text] | Web address (if applicable) | [Text] |

**1.3 Organisation type**

What sector(s) does your organisation fit into?

Public Sector

Private Sector

Voluntary and Community Sector (including charities)

Other (give details below)

|  |
| --- |
| [Text] |

Does your organisation have a charity, company or other reference or registration number? If so, please write it below. If your organisation is unincorporated and not registered as a charity, please tick the box provided.

|  |  |
| --- | --- |
| Charity Commission for England & Wales – Registered Number | [Text] |
| Office of the Scottish Charity Regulator – Registered Number | [Text] |
| Company number | [Text] |
| Other (please specify) |  |

Unincorporated and not registered as a charity (please tick and see below)

If you are an unincorporated association and not registered with the Charity Commission for England & Wales, the Office of the Scottish Charity Regulator (OSCR) or the Northern Ireland charity register send us a copy of your governing document (for example, constitution, set of rules or trust deed) or if your organisation is based in Northern Ireland, send your governing document or confirmation that you are registered with HM Revenue and Customs (HMRC) as exempt for tax purposes.

**1.4 Main contact details for the project**

Fill in the following details about the person in your organisation who will be the main contact.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title | [Text] | Forename | [Text] | Surname | [Text] |
| Position or Job Title | |  | | | |

Address for correspondence including postcode (state ‘as above’ if this is the same as the registered address)

|  |  |  |  |
| --- | --- | --- | --- |
| [Text] | | | |
| Telephone number | [Text] | Email address | [Text] |

**Section Two: About your project**

(Please note that the use of bullet points is acceptable).

**2.1 Project name**

|  |
| --- |
| [Text] |

**2.2 Highlight notice**

If your application responds to a highlight notice, please indicate the title and reference number here.

|  |
| --- |
| [Text] |

**2.3 What is the long term aim(s) of the project? (max 150 words)**

What are the aims and/or key questions your project addresses?

|  |
| --- |
| [Text] |

**2.4 Evidence of project need (max 250 words)**

Please tell us why your project is needed and what evidence is available to support the application. Include details of how you consulted with your beneficiaries and stakeholders, any research you have carried out and any other evidence you have gathered. Please cite references to evidence.

|  |
| --- |
| [Text] |

**2.5 Project Plan (max 100 words)**

Briefly describe how you will conduct your project. If your project includes an independent evaluation, please describe and justify the proposed methodology. What are the identified risks and how will they be mitigated?

|  |
| --- |
| [Text] |

**2.6 Sample Size (max 100 words)**

Please detail the proposed sample sizes for you project and justify your reasoning/ explain why not applicable.

|  |
| --- |
| [Text] |

**2.7 Recruitment Strategy (max 100 words)**

Explain how you intend to recruit participants to the project; note any access agreements sought or confirmed.

|  |
| --- |
| [Text] |

**2.8 Expertise (max 100 words)**

Explain how you have the necessary skills, expertise and capacity to undertake this research. Include details of other organisations that may be involved and how, and whether you have received any provisional agreement.

|  |
| --- |
| [Text] |

**2.9 Expected Outputs, Outcomes and Impact max 150 words per box)**

In brief, what are the most important **outputs** you will deliver during your project? Outputs are the products, services or facilities that result from the project’s activities. These are often expressed in the quantity of what is delivered; for example, the number of users, how many sessions they receive and the amount of contact you have with them. For project **outcomes**, please state the key changes or difference your project will make. For each outcome, please tell us who will benefit from the change, whether they be an individual or organisation, and how the outcomes of your project help to deliver one or more of the Forces in Mind Trust objectives. Overall, what **impact** do you hope to achieve and how will you measure this (eg influence or change to services or policy)?

|  |
| --- |
| OUTPUTS  [Text] |

|  |
| --- |
| OUTCOMES  [Text] |

|  |
| --- |
| IMPACT  [Text] |

**2.10 Timescale and Budget (max 50 words)**

Please briefly describe the expected duration of the project, and estimated budget considerations.

|  |
| --- |
|  |

**Section Three: Funding and Governance**

|  |
| --- |
| [Text] |

**3.1 Total Funding Requested**

What is the estimated funding amount sought from FiMT?

**3.2 Ethical Considerations (max 50 words)**

Will you be considering the ethics of your project (eg the ICE Code of Conduct and Ethical behaviour)? Are you planning to seek ethical approval? Please explain your decision in the space below.

**Section Four:** **Bibliography**

Please use this box to list all references cited in the application, in numerical order.

|  |
| --- |
| [Text] |