



I-Connect Voucher Scheme

I-Connect Application Form (Round 3) Nov 2014 - Oct 2015

Please use BLOCK CAPITALS and answer ALL questions

This information will NOT be used outside Down Armagh Rural Transport Partnership to identify you personally. Statistical data will be forwarded to the Big Lottery Fund, when requested.

NAME OF ORGANISATION

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ADDRESS

Lurgan	
	Postcode:
Tel:	Fax:
E-mail:	

NAME & TEL. No. OF PERSON WE CAN CONTACT IN AN EMERGENCY

Name: April Hamilton.....Tel:... 02838329848....
 Mobile:N/A

ORGANISATIONAL STATUS (Please answer every question)

Is your group:	YES	NO
Profit-making?		
A community/voluntary group?		
A statutory body?		
A registered charity? (Please state No. below)		

AIMS OF YOUR ORGANISATION (must demonstrate work with older people over 60)

HOW DOES YOUR ACTIVITIES POSITVELY IMPACT ON THE LIFE OF THE OVER 60'S

A large, empty rectangular box with a double-line border, intended for a user to write their response to the question above.

PEOPLE WITH WHOM YOUR ORGANISATION IS CONCERNED (tick as many boxes as are relevant)

Older People with a physical disability		Older People with dementia	
Older People with a learning disability		Older People from an area of multiple deprivation	
Older People with mental health difficulties		Older People with caring responsibilities	
Older People from ethnic minorities		Older People living in rural areas suffering from poor access to services and social exclusion	
Older People with an alcohol related illness		Older People in long term or palliative care	
Older People with a drug related illness		Other	

PLEASE PROVIDE DETAILS OF YOUR PROPOSED PROJECT FOR A TWELVE MONTH PERIOD DETAILING THE NUMBER OF TRIPS REQUIRED AND HOW OFTEN ETC

PLEASE PROVIDE DETAILS OF OLDER VOLUNTEERS (OVER 60) INVOLVED IN VOLUNTEERING – PLEASE PROVIDE NAMES OF AT LEAST 1 PERSON WHO CAN AVAIL OF TRAINING ACCREDITATION THROUGH I-CONNECT. THIS IS A MANDATORY REQUIREMENT.

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RESEARCH/MEDIA RELEASE

I hereby agree to participate in research and media events relating to the I-Connect Project. (e.g. volunteer etc).

Signed:

Print Name:

DECLARATION

Our organisation agrees to abide by the terms and conditions of the voucher scheme, and we understand that any breach of these conditions may result in our group being disqualified from the scheme. We understand that this information will **NOT** be used outside DART but that statistical type data may be forwarded to funders for future research purposes.

SIGNED: _____

Please Print Name: _____

POSITION: _____

DATE: _____