

# Application form

## UnLtd Road Safety Challenge Catalyst Awards

If you need help in completing the form, please contact your UnLtd Belfast office 02890 244007 and they will be happy to assist you. Please write clearly in black ink or ballpoint pen. You can continue on a separate sheet if necessary.

### A: About you

#### 1. Personal details

First name:	Surname:
Project name (if you have one):	
Home address:	
Postcode:	
Phone (daytime/mobile):	Phone (evening):
Date of birth:	National Insurance number:
E-mail address (if you have one):	

*Please note: We only use National Insurance numbers to check that you have not applied before. If you do not have a National Insurance number, we will use your last name or date of birth (or both). We will not consider applications from people who are under 16.*

#### What is the name of your local authority area?

#### Do you have any special needs? If so, please describe them below:

#### 2. Have you already won an UnLtd Millennium Award?

[Yes/No]

If 'Yes', please give us a short description of the project and tell us the name of the award scheme.

#### 3. Have you applied for or been awarded funding for this project by any other bodies?

[Yes/No]

If 'Yes', please provide details of this organisation and the amount applied for.

#### 4. Are you applying on your own or with other people?

On my own       With other people

If you are applying as part of a group, what is your role in the group?

#### 5. Have you spoken with an UnLtd member of staff about your application?

Yes, by phone       Yes, at a meeting/surgery       No

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**6. Please tell us a bit about your background, including any previous involvement in community activities**

**7. Please tell us why you want to develop this project. What are your main reasons for being involved?**

**8. Please tell us what you will learn and what you hope to gain from doing this project.**

**B: About your project**

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**9. Please give us a brief description of your project idea, outlining the specific Road Safety issue it addresses, your main objectives and its community benefits**

**10. Who will be the beneficiaries of your project and how many people do you think are likely to benefit?**

**11. How do you know that there is a need or demand for your project?**

**12. What kind of support from UnLtd will you need to make your project a success?**

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13. Please tell us how much you will need to undertake your project.

**Item of expenditure**

	£
	£
	£
	£
	£
Total	£

14. Of the total amount needed, please state the amount needed from UnLtd, and how much you need to raise from others:

**Amount needed from**

**Amount**

UnLtd	£
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**Other (please detail)**

	£
	£
	£
Total	£



### D: References

**15. Please provide the names and addresses of two referees. Referees should know you and support your project idea and can be a community worker, a teacher, a doctor or someone else who has an important position within the community. If you're applying as part of a group, your referees should be people who know all the members of your group.**

#### Referee 1

First name:	Surname:
Job title:	
Address and postcode:	
Contact number:	Email:

#### Referee 2

First name:	Surname:
Job title:	
Address and postcode:	
Contact number:	Email:

### 15. Your signature

I confirm that, as far as I know, all the information on this application form is true and correct. I understand that you may ask for more information at any stage of the application process or when the project is running.

Your signature:

Date:            /            /            /
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**UnLtd Road Safety Challenge Awards Helpline 02890 244007**

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**E: Monitoring**

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**16. How did you find out about the UnLtd Road Safety Challenge Awards?**

- From an Award Winner       Newspaper       Word of mouth  
 Internet       Radio or TV       Leaflet or poster

Community project or local charity (please give details):
Other (please give details):

**F: Equal opportunities**

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All our staff, clients, partners, suppliers and any other person who we work with must follow our equal opportunities policy and not discriminate against anyone for any reason.

Please help us monitor this policy by giving us the following details. We will use the information we ask for on these sheets solely for statistical purposes, and it will not form part of your application assessment. We will separate this sheet from your application form when we receive it.

First name:	Surname:
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**Gender**       Male       Female

**Do you have a disability?**       Yes       No

If 'Yes' please give details of your disability

**Age**       16-18       18-25       26-36       37-47       48-58       59+

**Please tick the box or boxes that best describe your ethnic origin.**

**White**       English       Scottish       Welsh       Irish  
 Other White      (please give details)

**Asian or Asian British**       Indian       Pakistani       Bangladeshi  
 Other Asian      (please give details)

**Black or Black British**       Caribbean       African  
 Other Black      (please give details)



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**Chinese or Other Ethnic**       Chinese       Other ethnic group  
 (please give details)

**Mixed**       White & Black Caribbean       White & Asian       White & Black African  
 Other mixed      (please give details)

**Please tick the box which best describes your employment status.**

Self employed       Full time employed       Looking after home/family  
 Unemployed       Part time employed       On government training scheme  
 Student       Retired       Unable to work due to sickness/disability

**What qualifications do you currently have?**

NVQ (please tell us the level)       Professional qualification  
 CSE, GCSE or A Levels       Self taught       Degree or postgraduate course  
 Other (please give details)

**For Northern Irish Applicants**

**Please tick the box that best describes your community:**

Protestant       Roman Catholic       Neither Protestant or Roman Catholic Community