

APPLICATION TO APPLY FOR A

CHANGE YOUR MIND GRANT

Please fill out this application form as fully as you can. If you have any questions about it, please refer to the Guidance Notes in the first instance. If you need further clarification, please contact us on 0300 123 9294 or email [l.mcentee@inspirewellbeing.org](mailto:l.mcentee@inspirewellbeing.org)

Section 1: Key Information

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| --- | --- |
| Applicant Details | |
| Name of Lead Applicant |  |
| Organisation / Group Name (if applicable) |  |
| Contact Name & Address (inc. Town & City) |  |
| Postcode |  |
| Contact Email |  |
| Contact Telephone |  |
|  |  |

|  |  |
| --- | --- |
| Group / Network Details (if applicable)  (Provide an indication of the people / organisations participating in the project) | |
| Individual / Organisation Name | Expected Role in Project |
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Section 2: Outcomes

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| --- | --- |
| Please let us know which of target area (s) / group (s) your project will focus on by ticking the relevant box (tick all that apply) | |
| Workplace |  |
| Children & Young People / Schools |  |
| The Media |  |
| Other (please tell us what area / group your project wants to focus on) |  |

|  |  |
| --- | --- |
| Please let us know which outcomes / goals your project will contribute to (tick all that apply) | |
| * To create meaningful conversations about mental health and mental health stigma |  |
| * Reducing stigma (both self-stigma and external stigma) |  |
| * Making positive connections with friends, family and colleagues |  |
| * Encourage people to seek help if they feel the weight of stigma |  |
| * Raising awareness of the negative impact of stigma |  |

Section 3: Your Project

|  |  |
| --- | --- |
| Project Details | |
| Project Title |  |
| What is your project about (200 words) |  |
| Why is your project needed?  (200 words max) |  |
| Explain how you feel your project will challenge stigma & discrimination? ( 200 words max) |  |
| What activities will your project involve? (200 words max) |  |
| How will you know if your project is making the difference you want it to make?  (200 words max) |  |
| What is your timescale / project plan? (please give us an outline of main activities / events with dates) |  |
| Participation of people with lived experience | *Tell us how your project will engage and empower people with lived experience of mental ill health* |
| Tell us what your hopes are for your project after it finishes?  (200 words max.) |  |

Section 4: Project Outcomes

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| Please summarise for us what the expected outcomes are for your project (200 words max) |
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Section 5: Funding

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| --- | --- |
| Please tell us what the costs would be for your project below to let us know how much money you are applying for from the CYM Change Fund (add more rows if necessary) | |
| Activity | Cost (£) |
|  |  |
|  |  |
|  |  |
|  |  |
| Total funding requested | £ |

Section 6: Project Agreements

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| --- | --- |
| Award of CYM Change Funds is conditional upon you agreeing to the following: | Confirm that you accept each statement by ticking in the box |
| I will work to CYM’s values and principles of reducing mental health stigma in all forms. |  |
| I commit to involving people with lived experience of mental health problems in my project |  |
| I will share my work at regional CYM events at mutually agreed times |  |
| I will share my work with CYM through CYM’s reporting procedures |  |
| I will provide feedback and evaluation on my project using the CYM evaluation process |  |
|  |  |

Section 7: Applicants Declaration

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| --- | --- |
| I declare to the best of my knowledge and belief that the information provided in this application form is accurate and correct.  I give my permission for Change Your Mind to share this proposal with people external to Change Your Mind who will be involved, in confidence, in the grant awarding process. | |
| Name: |  |
| Date: |  |
| Print Name: |  |

Please read the guidance notes carefully before completing this form.

If you wish to attach additional information / pages to this application, please do so. We will accept drawings, diagrams, videos, images etc. as part of this application. Please ensure all additional documents are clearly marked with your name and details. We will unfortunately not be able to return any materials sent to us, so please do not send us any originals.

**Closing date: Friday, 19th May**

Please submit your application form either by email or post to:

l.mcentee@inspirewellbeing.org with ‘CYM Change Fund Application’ in the subject title

Change Your Mind HQ,

80 University St,

Belfast,

BT7 1HE.