

PART 3

Children and Young People's Services Grant Aid

Please indicate in the box provided which of these groups of Children and Young People you work with

- Children and Young People with Learning Disabilities
- Children and Young People with Physical or Sensory Disabilities
- Children and Young People with Mental Health Needs
- Young people who misuse alcohol or drugs and their families
- Young Carers
- Children and Young People from ethnic minority communities
- Lesbian, gay or bisexual young people

Every Child Matters – 5 Key Outcomes

Please indicate which of the 5 Key outcomes the services your group provides or intends to provide addresses.

- 1. Being healthy.
- 2. Staying safe.
- 3. Enjoying and achieving.
- 4. Making a positive contribution.
- 5. Achieving economic well-being.

All Groups

Do you have a Child Protection Policy? yes no

If yes please attach

If no – how will you arrange to put one in place?.....
.....

How will you arrange to have Criminal Record Bureau checks done on all new volunteers and staff working with children and young people?
.....
.....

Is the kitchen registered with Environmental Health? yes no

Do the people handling food have food hygiene certificates? yes no

Disclosure of information

Wigan Council and other partner agencies are working in partnership to promote a co-ordinated approach to the processing and award of grants to voluntary and community bodies. Information contained in this application or submitted in support of the application will be stored on a central database and will be available to all Departments of the Council and to other partner agencies.

The information will be used to facilitate the co-ordinated processing of applications, promote grant aid programmes, share information and network with the voluntary and community sector. Information relating to your organisation's name, contact person, contact telephone number, meeting place and your activities will be made available on the Internet.

Submitting this form indicates that your organisation consents to this sharing of information.

Please note that two signatures are required for the completion of the form. The first should be the person making the application and the second the Chairperson or any other member of the Management Committee.

I declare that the information given in this form and supporting documents is correct to the best of my knowledge.

1. Signed	<input type="text"/>	Print name	<input type="text"/>
Position	<input type="text"/>	Date	<input type="text"/>
2. Signed	<input type="text"/>	Print name	<input type="text"/>
Position	<input type="text"/>	Date	<input type="text"/>

Have you any communication needs ?

text phone sign language braille mini-com

This form can be made available in different ethnic languages or other formats. Please telephone 01942 776155 leaving your telephone number and language. We will then arrange for an interpreter to call you.

یہ فارم مختلف اقلیتی زبانوں اور صورتوں (فارمیٹس) میں درخواست کرنے پر فراہم کیا جاسکتا ہے۔ براہ مہربانی ٹیلی فون نمبر: 01942 776155 پر رابطہ قائم کر کے اپنا ٹیلی فون نمبر اور زبان کا نام چھوڑ دیں پھر ہم آپ کے ساتھ رابطہ قائم کرنے کے لئے مترجم کا انتظام کریں گے۔

Urdu

चिनती करवाची आ फोर्म अन्य अथनिक भाषाओ अने अन्य फोरमटोमा (शीतोधी) उपलब्ध करी शकशे। महाराष्ट्रीनी करीने 01942 776155 उपर टेलीफोन करे अने तमारो नम्बर तथा भाषा जशाचो त्यार पळी ओक संतरलितर (दुभाषिया) तमारो संपर्क साधे ते माटेनी व्यवस्था असे करीशु।

Gujurati

這份表格可以提供不同語文或其他形式的版本。請致電 01942 776155 留下你的電話號碼和所需語文。我們便會安排一名傳譯員來與你聯絡。

Cantonese

بالإمكان توفير هذه لاستمارة عبد الطلب لبعات الجماعة السكانية مختلفة أو بالصيغ لأحرى رحو لإتصال بالهاتف على الرقم 01942 776155 واطركو رقم هاتفكم ولعنكم وسوف نقوم بمدد بترتيب لترحم شفوي لكي يتصل بكم

Arabic