

If you need help in completing the form, please contact your UnLtd Bradford office 01274 750 630 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).

What is the name of your local authority area?

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

2. Have you previously been the recipient of an UnLtd Award? [Yes/No]

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

3. 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?

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

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

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

B: About your project

8. Please provide a brief description of your project.

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

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

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

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

Item of expenditure

	£
	£
	£
	£
	£
Total	£

13. Of the total amount needed, please 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

14. 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 Bradford Office Helpline 01274 750 630

Data Protection Act 1998

UnLtd and the Millennium Awards Trust collect and share elements of this information with other organisations for research, educational, training, administrative and funding purposes, and to ensure that the Fellowship and Trust comply with regulations and required standards. Statistics will be gathered to monitor provision and to plan future provision. We do not trade or share our mailing lists with any other body.

From time to time, reports, newsletters and other materials may be sent to you. If you do not want to be contacted for these purposes, please tick this box.

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*****PLEASE COMPLETE THE SEPARATE MONITORING FORM ON THE NEXT PAGE*****

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E: Monitoring

16. How did you find out about the Ignite 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

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 16-17 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

Northern 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)

Chinese or Other Ethnic Chinese Other ethnic group

(please give details)

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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

Please return completed application form to our Bradford office:

**UnLtd
15 Hallfield Road
Bradford
West Yorkshire
BD1 3RP**

Tel: 01274 750 630

Email: ignite@unltd.org.uk