

# APPLICATION FORM

## 1. GROUP DETAILS

Group Name:

Contact person leading the project:

Address:

Telephone:

Email:

Does your group have 2  
or more members?

Yes

No

Are you a Constituted or  
Non-Constituted Group?

Constituted

Non-Constituted

If you tick 'Constituted', your organisation must have a constitution/governing document, financial controls, relevant policies and insurance in place.

If you tick 'Non-Constituted' you will be required to obtain a sponsor. See guidance notes for more information.

Are group members over 18?

Yes

No

If you tick no and the group members are under 18, please ask a supporting adult to complete the application form with you.

We want to ensure everyone can participate,  
can you let us know if your group has  
any specific support or access needs?

## 2. PROJECT DETAILS

What is the name of your project?

Will your project benefit people who live  
within the Belfast City Council area?

Yes

No

Please specify in which area your project will  
take place. Tick all that apply

North

South

East

West

Which of the Take 5 steps to wellbeing is your project going to deliver on?

Connect

Keep learning

Be active

Take notice

Give

Projects may decide to focus on one or more of the Take 5 steps to wellbeing, but are expected to promote the importance of all 5 steps in improving emotional health and wellbeing.

Timeframe for delivery of your project (must be  
completed between April and October 2025):

Please confirm you can deliver your  
project by October 2025

Yes

No

Please confirm that you will attend  
a celebration event in November 2025

Yes

No

Briefly describe the health benefits the project will deliver (Max. 250 words).

Who is the project aimed at?

How much money do you need and how do you plan to spend it?  
(Remember you can apply for up to £2500)

Expenditure Item	Amount Required (£)
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### 3. SPONSOR DETAILS

Belfast Health Development Unit, Cecil Ward Building,  
3rd Floor, 4-10 Linenhall Street, Belfast, BT2 8BP

If your group does not have a governing document or your group contact person is under 18, this section needs to be completed by the Sponsor Organisation. If you need help connecting with a Sponsor Organisation, please get in touch with one of the local area co-ordinators listed at the Help and Advice section here: <https://yoursay.belfastcity.gov.uk/take-5>

**Name of constituted group/organisation that agreed to sponsor your entry:**

Do you, as a sponsor organisation, have written governing documents e.g. constitution? ☐ Yes ☐ No

- If you tick Yes, you must have a constitution/governing document, financial controls, relevant policies and insurance in place, and provide copies upon request.
- If this application is successful, the Sponsor Organisation will also be required to sign the Letter of Offer.

### SPONSOR CONTACT

NAME (PRINT):

SIGNATURE:

TELEPHONE:

EMAIL:

### 4. DECLARATION

By submitting your entry you are agreeing to the following statements:

- a. You have been authorised by your organisation/group to submit this entry.
- b. All information you have provided in the application is accurate and complete and you will notify us of any changes.
- c. You or your sponsor organisation will provide a copy of your sponsor's constitution/ governing document, financial controls, relevant policies and insurance upon request.
- d. The project will benefit people who live within the Belfast City Council area.
- e. Any information supplied will be used during the assessment and life of the project (if successful) to administer and evaluate it. We may give copies of all or some of this information to individuals and organisations we consult with when assessing the bids or who provide support with administration, monitoring or evaluation of the programme. See Privacy Notice on the next page.

### APPLICANT CONTACT

NAME (PRINT):

SIGNATURE:

DATE:

TELEPHONE:

EMAIL:

**If you are under 16 and sharing your personal contact details, you must get your parent/guardian/carer to provide consent below or provide their details if they wish to be contacted on your behalf.**

**PARENT/GUARDIAN NAME (PRINT):**

☐ I consent for you to contact the applicant

☐ I do not consent please contact me on behalf of the applicant

SIGNATURE:

DATE:

TELEPHONE:

EMAIL:

#### Returning Application:

1. Once completed email the application to [mlbt@bhdu.org](mailto:mlbt@bhdu.org) before the closing date of 4.00pm on Friday 10 January 2025.
2. Hard copies can be posted or hand delivered to Belfast Health Development Unit, Cecil Ward Building, 3rd Floor, 4-10 Linenhall Street, Belfast, BT2 8BP and must arrive before the closing date of 4.00pm on Friday 10 January 2025.

## PRIVACY NOTICE

Belfast City Council is the data controller under the UK General Data Protection Regulation (UK GDPR) for the personal data it gathers for the purpose of administering and managing your application.

As lead representative of your Group, you are consensually providing your personal data to the Council whose lawful basis for processing is for the performance of a public task.

The personal data may be shared with Council staff involved in the administration and management of your application and where necessary with relevant internal Council departments for the purpose of assessing your application, administering payment, delivering the services relative to your application and offering any additional support relevant to your proposal.

Your personal data may be shared with necessary external organisations who are working in partnership with the Council to deliver this programme. Your personal data will not be shared or disclosed to any other organisation without your consent, unless the law permits or places an obligation on the Council to do so. The personal data is held and stored by the Council in a safe and secure manner and in compliance with UK data protection legislation and will be disposed of in line with the Council's Records Retention and Disposal Schedule.

All information provided on this form may be further processed for audit purposes or as necessary to prevent duplicate or fraudulent applications.

If you have any queries regarding the processing of your personal data please contact Belfast Health Development Unit - [mlbt@bhdu.org](mailto:mlbt@bhdu.org)

If you wish to contact the Council's Data Protection Officer, please write to Belfast City Council, City Hall, Belfast, BT1 5GS or send an email to [dataprotection@belfastcity.gov.uk](mailto:dataprotection@belfastcity.gov.uk)



**Making life better,  
together**

supported by Belfast Health Development Unit



**Active  
Belfast**