





# Section 1 - About You

<b>Checklist</b> – to be eligibl	e to complete an applicat	ion, you	must answer Y	ES to the following:
I have experienced mental health problems				
I live in North Yorkshire (but not in the city of York)				
I am aged 18 or over				
I am happy to register as a Champion on the Time to Change website				
How did you hear abou	A poster	in Scarborough L	ibrary	
Date you are completing this application		23 June 2018		
Your name and contact	t details			
Your full name & title	Ms Sally Talkative			
Address	9 Alma Square, Scarborough			
			Postcode	YO11 1JR
Telephone number(s)	01723 500222			
Email	survivorstimetochange@gm	ail.com		
Is anyone helping you v If YES, please give their	vith your activity? full names and tell us ho	w they ar	re supporting y	<b>YES / <del>NO</del></b> ou
, ,	with letting other people in the tivity to share experiences	e sports cl	lub know about o	ur conversation event
	g and displaying posters and f ws in the local area; also will s	-	=	

Are you able and willing to share your experiences of mental health with other people who may have no awareness or experience of this themselves? YES / NO

# Section 2 – About Your Activity

Tell us what you would like to do (please read the guidance notes for key points to include)

I play badminton every Tuesday evening at a sports centre in Scarborough. There are usually 12-14 regulars who attend who all know me, including two people I know well who are helping with the promotion and running of our conversation activity. When the badminton games finish at 7.30pm I am inviting everyone to meet in the sports centre café for free refreshments, where we will distribute Time to Talk flyers and start conversations about mental health. Myself and my two friends will talk about our own experiences and we hope that most members of the club, plus other people who use the sports centre, or who see posters displayed locally will join us for an hour and some may be willing to share their own experiences of mental illness.

We will create a flyer and posters to let people know about the event. These will be given to badminton club members the week before and there will be a poster and flyers in the café and an information display on the events board in the foyer. We will put some posters up in local shop windows, the supermarket community board and the library. The posters will say that it is a friendly and informal event at which people will share their experiences of mental health and that there will be free refreshments and information. I will message some people I know on Facebook to invite them to join us and Richard and Gemma may do likewise. We will ask for the event to be mentioned in a Tweet by the Sports Centre. I will sign up as a Champion on Time to Change and post the event on there.

How many	, activities	bluow	vou	like to	run?
i iow ilialiy	y activities	Would	you	IIIC LC	, i uii:

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Where will the activity or activities be held? (please include postcodes)

Scarborough Sports Village, Ashburn Road, Scarborough YO11 2JW

When will the activity or activities take place? (day/month/year)

Tuesday 5 June, 7.30 – 8.30pm

How many people do you hope will attend your activity/activities?

14

If your activity is aimed at a particular group, please give details

It is primarily aimed at people in my badminton group but also other users of sports centre and anyone living locally.

How will you ensure that your activity is accessible to all?

The sports centre café is fully accessible and there is a car park on site which is free to anyone accessing the centre.

# Section 3 – Budget

#### Don't forget – there is no minimum fund request but the maximum amount is £500

Item	Cost (£/p)	Explanation as to how item was costed
Drinks and cake for	70.00	Based on prices in the sports centre café for hot drinks plus
everyone		cake for 14 people plus extra should more people join us.
Printing flyers/posters	5.00	Based on the cost of a colour ink cartridge and the number
		of sheets to be printed (about 30)
Total requested	75	

Please give details of any in-kind contributions you are receiving (such as free access to a venue or refreshments being donated)

We have sought permission to use the café which is a public space so this is free.

#### Section 4 - Final Checklist

Have you answered YES to all items on the eligibility checklist?	YES / NO
Have you answered all the questions fully and honestly?	YES / <del>NO</del>
f successful, are you able to accept funding and run the activity n line with the information provided in this application form?	YES / NO
Are you able to give feedback on your activity*?	YES / <del>NO</del>

\*How many people took part, how many conversations took place, any comments from those attending, any media coverage or any interest in having more conversations...

Please return this completed form by email to **survivorstimetochange@gmail.com** or post to **Scarborough Survivors**, **9 Alma Square**, **Scarborough**, **North Yorkshire YO11 1JR**Scarborough Survivors is a registered charity no. 1044058 • Telephone 01723 500222