

TOOL 8 – Expression of Interest Form and Cover Letter

Date:

Dear

Thank you for your interest in the NICHI 'Communities Improving Health' Programme supported by funding from the Public Health Agency and administered by the NICHI project in the Northern Locality area.

'Communities Improving Health' Programme seeks to support communities who have identified a local health and social wellbeing need or who are aspiring to work towards addressing health and social wellbeing issues. The NICHI officer will directly support the communities selected for the period from April 20__ until March 20__. The support will include assisting the local community to develop their ideas into an action plan. Funding and access to training and resources will also be available to assist with the implementation of this developed action plan.

If you would like to explore this further, please complete the enclosed 'Expression of interest' form. Also enclosed is a list of the top 30% most deprived Super Output Areas in the Northern Locality area. Please note that Expressions of Interest from groups which support communities in the most deprived areas will be prioritised, as will Expressions of Interest which focus on vulnerable groups (e.g. Black and Minority Ethnic, Travellers, Refugees, Lesbian, Gay, Bisexual & Transgender etc.). Feel free to contact your local NICHI Project Officer to discuss your ideas before submitting this form.

The closing date for receipt of completed Expressions of interest is _____ at 12 noon and successful applicants will be notified shortly thereafter. We expect to begin supporting groups by _____ 20__.

The 'Expression of Interest' form must be signed and a copy delivered by post or in person to the NICHI Project, (Network Name, Address Postcode).

Electronic copies require a hard copy to be forwarded as soon as possible.

Should you have any further queries, please do not hesitate to contact me on _____ or email: _____

Kind Regards

.....
(NICHI Project Officer)
ENCS



1. Name of Community Group / organisation

2. Contact Person(s)

4. Contact Telephone Number(s)

3. Contact Address, including postcode

5. Email Address

6. Briefly describe your idea or ideas to improve health and social wellbeing in your community *(maximum 50 words)*

7. Who will be the target group?

TARGET GROUP	Please Tick
Children	
Youth	
Parents	
Carers	
Older people	
Men Only	
Women Only	
Men & Women	
Ethnic Minorities	
People with a Disability	
Young Carers	
LGB&T - Lesbian, Gay, Bisexual & Transgender	
Church based	
Other	
AGE GROUP	Please Tick
Under 12 years	
13-17 years	
18-24 years	
25-60 years	
Over 60 years	

8. a) Please indicate which legacy Council area(s) your proposed project will target (tick all that are relevant)

Antrim		Ballymoney		Cookstown	
Newtownabbey		Larne		Magherafelt	
Carrickfergus		Moyle			
Ballymena		Coleraine			

b) If your project will specifically target any of the neighbourhoods listed in the top 30% Super Output Areas of deprivation in the Northern Locality (included in the application pack), please indicate which below. If you are unsure what Super Output Area your project falls within, this information can be found by entering your post code into the following web page and clicking on the SOA tab www.ninis2.nisra.gov.uk, alternatively, contact your local NICHI Officer to clarify.

Top 30% Super Output Areas covered (if relevant):

9. Please let us know if you have been involved in health and social wellbeing improvement in your community in the past *(maximum 50 words)*

10. Declaration to be signed by 2 committee members

By signing this declaration, applicants are agreeing that the community group will be willing to commence in April 2018 and will commit to the aim of 'Communities Improving Health'

Signed:		Print:	
Position:		Date:	

Signed:		Print:	
Position:		Date:	

