A close-up of a logo

for south west yorkshire partnership NHS Trust A group of people's faces

Logo for Creative Minds

**Creative Minds Project Application Form 2025**

**Please see document “Creative Minds Project Application Guidance 2025 Kirklees beforecompleting this form**

Please keep your answers concise.

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| **Project Locality:** (please highlight): Calderdale Kirklees |
| **Organisation (constituted or trading) Name:** |
| **Project Lead Person & Contact details** Please include name, email address and phone number: |
| **Postal address:** |
| **Project Name:** |
| **Proposed start and completion dates:** |
| **Project Proposal/description** |
| **Who will benefit? Which groups/services will benefit? Please tick all boxes that apply**  people who are LGBTQIA+  men  women  older people  working age adults  young people (under 18) and/or families  people with dementia  carers/families of people with mental health issues or learning disabilities  people with neurodiversity  armed forces veterans/ex-service personnel  people with mental health issues  adults with learning disabilities  people at risk of falls  Calderdale and Kirklees Recovery and Wellbeing College  Kirklees Talking Therapies  Kirklees Insight (EIP) teams  The Physical Health and Wellness Team service  other (please specify)  **Please explain the connections you have established with these groups/services or the plans you have to do so?** |
| **Key Objectives & Benefits of your proposal, describe how will you meet our priorities (please refer to the Creative Minds Project Application Guidance):** |
| **How will you measure the project’s impact and outcomes?** |
| **Please outline the Project Budget** under the following headings:   * Worker spend * management/planning * admin * venue * overheads (can be up to 10%) * marketing * evaluation * materials/consumables (please note we don’t normally fund equipment or it should be less than 10% of the budget) * other (please specify) |
| **Please specify number of planned sessions/events and length** |
|  |
| **Please specify how many people will benefit?**   * Directly * Indirectly (e.g. carers, family, event audience, online reach) |
| **What are your plans for sustainability when our funding ends?** |

|  |  |
| --- | --- |
| **SOURCE OF FUNDING** | **AMOUNT** |
| **Amount requested from Creative Minds** |  |
| **Your Match Funding**  cash – please indicate the source(s) of funding and whether it is secured or pending. If pending, please indicate timeline of decision. |  |
| in-kind – source(s) of funding |  |
| **TOTAL INCOME/Project budget needed** (including your match funding) |  |

Please send completed form to [alex.feather1@swyt.nhs.uk](mailto:alex.feather1@swyt.nhs.uk) and cc [creativeminds@swyt.nhs.uk](mailto:creativeminds@swyt.nhs.uk). We can accept postal versions by arrangement.

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**For further help or advice please contact:**

Alex Feather, Creative Minds Development Manager for Calderdale and kirklees

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Or the Creative Minds team: 01924 316 285 [creativeminds@swyt.nhs.uk](mailto:creativeminds@swyt.nhs.uk)