**The Michelle Cox RCN Foundation Anti-Racism Award**

**Important:** Please ensure that you complete all relevant sections in full. We are unable to process your application if details are missing.

Please note:

## Applications should be typed and sent electronically.

* **Please ensure that you spell out in full any abbreviations used.**

Applications can be for:

## projects that are yet to be undertaken.

**Section 1: Applicant details**

|  |  |
| --- | --- |
| **Your name** (Project lead) |  |
| **Your job title** |  |
| **Employer name** |  |
| **Full address** |  |
| **Telephone** |  |
| **Email address** |  |
| **Project team**  Please list the individual/s who will be responsible  for undertaking the project |  |
| **RCN Membership Number** |  |
| **Brief description of present role** |  |
| **Pay band** |  |

**Section 2: Details of project for which funding is sought**

|  |  |
| --- | --- |
| **Title of the proposed project for which you are seeking funding** (25 words max) | |
|  | |
| **Description of the proposed project** | |
|  | |
| **Start date** (month and year): | **End date** (month and year): |

**Section 3: Applicant Statement**

If your project **is yet to be undertaken** please answer the following questions

|  |
| --- |
| **How will this project contribute towards anti-racism within the workplace?** |
|  |
| **How will your organisation support you to deliver this project?** |
|  |

# Section 3: Applicant Statement continued

|  |
| --- |
| **What will be the main challenges of the project and how do you plan to address these?** |
|  |
| **Please provide an outline of the timescales for the project.** |
|  |
| **What will be the main outputs and outcomes from the project?** |
|  |
| **Please describe how you will disseminate the results and implement the findings of your project. Who will be your target audiences and how will you ensure that outputs from the project reach them? Please provide the timescales for the dissemination of activities.** |
|  |

**Section 4: Budget breakdown**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** (please choose from below options) | **Amount you are asking us to fund** | **Amount from other funding sources** |  |
| Staff replacement costs |  |  |
| Project costs |  |  |
| Travel |  |  |
| Conference presentation fees |  |  |
| Poster presentation costs |  |  |
| Open access journal fees |  |  |
| Other (please list items) |  |  |
| **Total** |  |  |

**Section 5: Supporting references**

## Please ensure you send: Reference from your Manager

**Notes for Manager:** Please comment on how the proposed project has the support of the employer and how this activity and its implementation will be supported in the text box below.

Are you able to give assurance that the organisation will provide safeguards for this project to be undertaken in the spirit that it is intended?

|  |
| --- |
|  |

# Section 6: Supporting documentation

## Please ensure that you include the following documentation with your application:

|  |  |
| --- | --- |
| **Equality Impact Assessment** (if appropriate) | Yes No |
| **Does the research require:**   * Health Research Authority (HRA) approval for England and Wales? * NHS Research Ethics Service approval for Scotland? * HSC Integrated Research Application System in Northern Ireland? | Yes No |
| **Does your organisation have safeguarding and other associated polices in place?** | Yes No |
| **CVs for the team** | Yes No |
| **Risk register** | Yes No |

**Section 7: Data Protection and Privacy Notice**

**Once you are satisfied that the information presented above is accurate, please read the following**

**information about data protection to ensure that you agree to these terms.**

* The information on this form will be used to assess your application for a grant. The RCN Foundation

need to keep your data on computer files for this purpose.

* We may also use the information for accounting, audit, statistical or research purposes.
* In submitting this application you are giving consent to the information provided being shared with

external third party advisors affiliated to the RCN Foundation for the purposes of processing

your application.

* We will not disclose any of your information outside of the RCN Foundation, unless we are legally obliged to do so or unless you have given us your prior consent.
* We will undertake to keep your information strictly confidential and do everything we can to prevent

the information being used in any unauthorised or unlawful way.

* Our current policy is to retain personal data for a period of 6 years from when a decision on your application is made, after which it will be destroyed.
* You have the right to request information about the details we hold about you and we will provide this data as legally required.
* We will need your signature in order to process your application.

**Authorisation**

## By submitting this application you are giving your consent to these terms, you give permission for the

**RCN Foundation to use your data as outlined above.**

You have the right to withdraw your consent to the above at any time. Signature:

Print name:

Submit one copy of your entire application by email to [**grants@rcnfoundation.org.uk**](mailto:grants@rcnfoundation.org.uk) **by the closing date***.*

# Section 8: Equal Opportunities

## Completion of this section is helpful to ensure that we are aware of the communities applying for this scheme and assists in the implementation of equal opportunities.

**This information will not form any part of the selection process and will be treated with total**

**confidentiality.**

(Please tick the appropriate boxes).

|  |  |
| --- | --- |
| **a. Your Ethnic Group:** | |
| **Asian or Asian British**  Indian Pakistani Bangladeshi  Any other Asian background Please state: | **Mixed**  White and Black Caribbean White and Black African White and Asian  Any other mixed background Please state: |
| **Black or Black British**  Caribbean African  Any other Black background Please state: | **White**  British Irish  Any other White background Please state: |
| **Chinese** | **Any other ethnic group**  Please state: |
| **b. Your gender:** Female Male Non-binary | |
| **c. Sexual orientation:** Bisexual Gay Heterosexual Lesbian Other | |
| **d. Do you have a disability?:** Yes No | |
| **e. Your age:** <20 20-29 30-39 40-49 50-59 60-69 70+ | |
| **f. Where you currently live:** England Northern Ireland Scotland Wales Other | |
| **g. What Region:** East Midlands Eastern London North West Northern South East South West West Midlands Yorkshire & The Humber Northern Ireland Scotland Wales Other | |

July 2023 | 011 018