  





**YOUTH LED GRANT APPLICATION FORM**

**2025/2026**

Please return your application form to:

Frances Barry frances.barry@vamt.net

To discuss further please phone 07958 132822

**Deadline for applications is Friday 8th**

 **August 2025.**

 **Projects must be delivered by 31st March 2026.**

The Application Form needs to be completed by a Young Volunteer (aged 14-25) but assistance from an Adult is fine

**Filling in the Application Form**

The application can be filled in digitally or by hand.

We cannot accept applications past the closing date.

**PLEASE READ THE GUIDANCE NOTES COLUMN CAREFULLY WHEN FILLING IN YOUR APPLICATION.**

|  |  |  |
| --- | --- | --- |
| **QUESTION** | **YOUR ANSWER** | **GUIDANCE** |
| **SECTION 1** |
| * 1. Group Name
 |  | Your group must be based in Merthyr Tydfil  |
| 1.2 Address including Post Code  |  | This should be the official address of your group |
| 1.3 Contact details for a Lead Responsible adult for your group  | Name  |  | Please give your groups lead responsible adult’s name, email and telephone number.  |
| Email  |  |
| Telephone |  |
| 1.4 Name of Young Person submitting application  | Name  | Date of Birth  | The young person submitting the application must be aged between 14 and 25. |
| 1.5 Is your group:  | Constituted Group | □ | Please tick any that apply |
| Based in Merthyr Tydfil | □ |
| Youth Led | □  |
| Providing volunteering opportunities for young people  | □  |
| 1.5 Bank account | Sort Code: |  | **To apply you must have a bank account which does not belong to an individual. The account should be in the name of group or organisation and have two unrelated signatories.** |
| Account Number: |  |
| Account Name: |  |
| Address: |  |
| Names of 2 unrelated signatories  | 1.2. |
| 1.6 Main contact details | Name: |  |  |
| Role in organisation: |  |  |
| Telephone: |  |  |
| Email: |  |  |
| **SECTION 2** |
| 2.1 You and Your Group  |  | Please tell us about yourself and your group  |
| 2.2 What would you like the money for? |  | What is the aim of your project?What are you hoping to achieve?This is your opportunity to tell us and sell your project.  |
| 2.3 Who is going to benefit from your project? |  | Tell us about who is going to benefit from your project. |
| 2.4 Who is going to be involved in your project? |  | Tell us about who will be involved  |
| 2.5 Which of these Wellbeing of Future Generations Act (2015) will your project cover? (You can tick more than one) | A Prosperous Wales  | □ | For more information on the priorities please click on the link: <https://www.futuregenerations.wales/wp-content/uploads/2017/01/160401-wfg-accessible-guide-for-young-people-en.pdf> |
| A Resilient Wales | □ |
| A More Equal Wales | □ |
| A Healthier Wales | □ |
| A Wales of Cohesive Communities | □ |
| A Wales of Vibrant Culture and Thriving Welsh Language | □ |
| A Globally Responsive Wales  | □ |
| 2.6 How many young people will be involved | Volunteer Age | Number involved | Number that are Welsh speakers  | Please give the best estimate you can |
| Age 14 - 16 |  |  |
| Age 16 - 25 |  |  |
| 2.7 Is your project focused on a particular group?  |  | For example – BAME, people with disabilities, LGBTQ+ or any group – tell us here  |
| 2.8 How will you know your project has been a success? |  | Tell us about how you will know it has been successful and made a difference. |
| **SECTION 3** |
| **FINANCE SECTION**  |
| **Project Costs – Please list what the grant will pay for**  | **AMOUNT** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Grant amount applied for** **(This is the sum of your listed project costs)****Can you please itemise everything and attach copies/printout of costs.****The Panel will not accept your project costs if a breakdown and proof of costs is not submitted** | £ |
| **Application Checklist**  |
| Copy of organisation constitution  |  | **Please ensure the following documents have been included as part of your application.** **Without these documents we cannot process your application.** |
| Copy of safeguarding policy  |  |
| Copy of latest accounts / draft  |  |
| Bank Statement  |  |
|  |
| **Please ensure that your application is signed with electronic signatures (not typed) if you are submitting by email.** |  |
| Young Person Submitting application: | Lead Responsible Adult:  |
| Signature: | Signature: |
| Date: | Date: |

**DISCLAIMER AND PRIVACY STATEMENT**

*Our group understands that by accepting a grant from VAMT we agree to use it for the purpose stated on the application form and will stick to the terms and conditions outlined by VAMT.
 VAMT takes your privacy seriously, and operates in line with The Data Protection Act 2018. Our lawful basis for processing your personal data is legitimate interest. We may collect data through emails, telephone calls and other forms that we require for certain activities, these forms may include risk assessments, activity forms and forms requesting training. We will use your personal data to (i) register you as a new volunteer, (ii) manage our relationship with you, (iii) to send you details of our services, (iv) keep you up to date with developments. This will be annually renewed with you for the duration of the project / service. For full information, including your rights as a data subject, please see our Privacy Policy at* <http://www.vamt.net/privacy-eng.php>

Completed forms should be emailed to Frances Barry at frances.barry@vamt.net **by no later than Friday 8th August 2025**