# SCCF - *Health Partnership Capacity Development* Programme

# Application Form

This document should be used in conjunction with the *Call for Applications.* Please be as clear and succinct as possible and ensure that any acronyms and technical terms are fully explained.

**This application form, proof of the UK partner’s financial status and registration with relevant charity commission if applicable, and letters of support should be completed and submitted to** [training@thet.org](mailto:training@thet.org) **by 17:00 (UK BST) on 30th 2021. If you do not receive an acknowledgment from us within two working days, please assume that your application has not been received and re-submit.**

## 1. Summary Details

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| **UK Civil Society Organisation / NHS Trust** |  |
| **LMIC Partner organisation** |  |
| **Previous THET programme applications (if applicable)** |  |
| **Partnership’s primary health themes focus (list maximum three)** |  |
| **Country of focus** |  |

## 2. PARTNERSHIP

2.1 Please provide contact details for the lead partners involved in this application. Please see the *Call for Applications* document that accompanies this application form for more information on definitions for Civil Society Organisations and Health Partnerships.

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| UK Partner | | LMIC Partner | |
| Civil Society Organisation name/ NHS Trust |  | Partner organisation name |  |
| UK project lead (name and position) |  | Type of organisation |  |
| Address |  | LMIC project lead (name and position) |  |
| Email |  | Address |  |
| Telephone number(s) |  | Email |  |
|  |  | Telephone number(s) |  |

2.2 Please describe the projects, and any other relevant work, your partnership has completed or is currently working on (if applicable). Please note, by partners we mean the organisations rather than individuals. *(Maximum 200 words)*

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## 3. areas of support

3.1 Please check the areas below where your partnership requires capacity building support.

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| --- | --- | --- | --- | --- |
| Area | Strategic planning | Governance, internal controls, and financial competency | Duty of care and safeguarding | Digital transformation |
| Monitoring, Evaluation & Learning (MEL) | Project design and management | Gender equality and social inclusion |  |

3.2 Please describe why and how your partnership would benefit from support in the capacity building areas that you have selected above (3.1) *(Maximum 500 words)*

Please include details of:

* Challenges and weaknesses your partnership currently experiences in their delivery of health programmes
* Specific examples of where and how this area/s of support could benefit your partnership

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3.3 Describe any additional capacity building areas that your partnership would benefit from, that are not already outlined in Question 3.1 above. *(Maximum 200 words)*

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3.4 During the *Health Partnership Capacity Development* programme, how will both partners be actively engaged in this programme’s process? (*Maximum 200 words)*

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3.5 Describe any funding opportunities your partnership is hoping to identify and how this capacity building programme can help the partnership to do that. *(maximum 200 words)*

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3.6 What other grants have you applied for in the last three years?

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## 4. Capacity

4.1 This programme will involve approx. 12 hours per quarter of engagement from your partnership in the training. Do you anticipate any capacity challenges, within your partnership, to engage in this training due to COVID-19? *(Maximum 200 words)*

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## 5. finances

5.1 Please provide your HP’s latest annual return as logged with the appropriate Charity Commission or evidence that your partnership activity annual accounts are under £400,000.