**Cerebral Palsy Lived Experience Engagement Fund**

**Application Form**

**\***Required fields

*Note: Some information in this form including Applicant Name, Primary Organisation and the Lay Summary may be made publicly available on the ANZ CP Strategy website*.

**Applicant details**

|  |  |
| --- | --- |
| **Title \*** |  |
| **First Name\*** |  |
| **Last Name\*** |  |
| **Position\*** |  |
| **Primary Organisation\*** |  |
| **Location\***  To be eligible, the lead applicant and the project team must reside in Australia or New Zealand |  |
| **Address\*** |  |
| **Phone number\*** |  |
| **Email address\*** |  |
| **Team information (optional)**  *Up to 300 words*  Please provide information about your team/ project environment including names of team members who will be involved in this project. |  |

**Project details**

|  |  |
| --- | --- |
| **Title\*** |  |
| **Brief LAY summary of the overall project \***  *Up to 300 words*  In your answer please address the following:   * The problem/need being addressed * A brief description of the project methods you intend to use * What are your anticipated outcomes/impact of this project |  |
| **Type of project\*** | Research  Advocacy  Service development/improvement/delivery  Knowledge translation  Other, please specify |
| **Alignment to CP Strategy goals\*** | Inclusion and Engagement  Health and Well-being  Prevention and Cures  Intervention and Disability Support |
| **Stage in the project cycle\***  *(note: eligibility for funding is restricted to project stages 1 and 2)* | 1. Deciding what to do 2. Deciding how to do it 3. Doing it 4. Reviewing results/outcomes once you have done it 5. Letting people know the results/outcomes 6. Knowing what to do next |
| Please elaborate on your selection:**\***  *Up to 100 words* |  |
| **Proposed start date\***  *DD/MM/YYYY* |  |
| **Proposed end date\***  *DD/MM/YYYY* |  |

**Proposed consumer engagement**

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| --- |
| **Outline your/your team’s prior experience in engaging consumers\* ]**  *Up to 200 words* |
|  |
| **How do you plan to engage consumers in this project?\***  *Up to 500 words*  In your answer please address the following:   1. Who you will involve (e.g. young person with CP, parent, carer etc) 2. The proposed activities (including time) including number of consumers involved in each 3. The level of consumer engagement (refer to VCCC levels <https://vcccalliance.org.au/our-work/consumer-engagement/resources/pages/consumer-remuneration/> ) 4. How your consumer partners will be supported 5. How you plan to identify consumers to be engaged in this project |
|  |
| **What do you hope to achieve by engaging consumers in this project, and what are the anticipated outputs/deliverables as a result of the consumer engagement activities?\* ‘**  *Up to 300 words*  For example-   * Defining clear priorities * Deciding what not to do * Developing study protocol including methodology to ensure acceptability * Writing a grant application * Writing an ethics application |
|  |
| **What are your plans for ongoing consumer engagement in the next stage/s of this project?\***  It may be helpful to consider the next stages of the project cycle. Include any plans to secure funding to support ongoing/future engagement.  *Up to 200 words* |
|  |

**Requested BUDGET**

|  |  |
| --- | --- |
| **Total funds requested\*** | $ |

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| --- |
| **Budget justification\***  *Up to 200 words*  In your answer please address the following:   * Number of hours of consumer engagement time * Hourly reimbursement rate (according to VCCC levels) * Type of expenses covered (e.g., consumer remuneration/honorarium, support worker/carer costs, transport expenses, etc) |
|  |
| I understand that, as the applicant of this grant, I will be responsible for managing the spending of funds awarded. Cerebral Palsy Alliance will not pay more than the approved funding amount and I am responsible for any additional costs I incur. Any variations to the Project after application approval, including variations to the budget, must be submitted in writing to Cerebral Palsy Alliance for approval.  I also understand that funds distributed through this grant will be paid directly from Cerebral Palsy Alliance to consumers.\* |
| Yes  No (*note: eligibility for funding is conditional on agreeing to this*) |