

Application Form

To join Reboot North Yorkshire as a Community Reboot Partner.

**SECTION 1: TELL US ABOUT YOUR ORGANISATION**

(Please refer to Guidance Notes)

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| Q1. Name of your organisation: |  |
| Q2. Name of main contact: |  |
| Q3. Address of contact person:  |  |
|  Telephone: |  |
| Email: |  |
| Q4. Please give a brief overview of your company or organisation and the main activities and / or services you currently provide. **(Max 200 words)** |
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| Q5. What is the status of your organisation? *(see guidance note 2 for eligibility)* |
|  [ ]  Unincorporated community group |  |
|  [ ]  Faith organisation |  |
|  [ ]  School, college or university |  |
| [ ]  A Registered Charity  *(please state number)* |  |
| [ ]  Other Not for Profit / Social Enterprise *(please state type e.g. CIC, Company Limited by Guarantee etc.)* |  |
|  [ ]  Other *(please state)*  |  |
| Q6. Is your organisation listed on [North Yorkshire Connect](https://northyorkshireconnect.org.uk/)? *(See guidance note 3)* |
|  [ ]  Yes [ ]  No [ ]  Unsure  *If No or Unsure, please see guidance note 3*. |
| Q7. Please tell us the districts you wish to be a Reboot Partner for  |
| [ ]  Craven | [ ]  Ryedale |
| [ ]  Hambleton | [ ]  Scarborough |
| [ ]  Harrogate | [ ]  Selby |
| [ ]  Richmondshire | [ ]  Multiple *(please state)*  |
| Q8 Please tell us why your organisation would like to become a Community Reboot Partner and whether you are interested in both rebooting devices and training digital champions or whether you are only interested in one element. **(Max 250 words)** |
|  [ ]  Reboot Devices [ ]  Digital Champions [ ]  Both elements |
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**SECTION 2: CURRENT CAPACITY**

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| Q9. Please tell us about any previous experience you have or involvement in digital inclusion projects. *(see Guidance Note 4)* (**Max 500 words)** |
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| Q10. Can your organisation demonstrate the following:  |
| 1. Up to date GDPR policies and procedures?

 [ ]  Yes [ ]  No |
| 1. Secure storage facilities for donated equipment

 [ ]  Yes [ ]  No [ ]  Not applicable |
| 1. Staff or volunteers with experience of refurbishing re-used devices

 [ ]  Yes [ ]  No, would need training [ ]  Not applicable |
| 1. Staff or volunteers who are trained to help people get online

 [ ]  Yes [ ]  No, would need training [ ]  Not applicable |
| 1. If yes, are you a Partner in the Citizens Online Project?

 [ ]  Yes [ ]  No |
| 1. Do you have a named person that could co-ordinate this scheme / have oversight?

 [ ]  Yes [ ]  No |

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| Q11. Do you have an existing customer base who would benefit by receiving a device? *(see Guidance Note 5)*  |
|  [ ]  Yes [ ]  No |
| Q12. Are you able to take referrals from partner organisations for people who would benefit by receiving a device? |
|  [ ]  Yes [ ]  No  |

**SECTION 3: SUPPORTING INFORMATION CHECKLIST**

Please complete the checklist below and ensure that you have enclosed the relevant paperwork to support your application. Please note that this list is not exhaustive and you may be asked for additional supporting information which is not detailed below.

|  |  |
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| **Supporting Information** | **Tick** |
| Copy of Professional Indemnity Insurance for the organisation |  |
| Constitution / Memorandum and Articles of Association of Organisation (VCSE organisations) |  |
| Copy of Safeguarding Policy |  |
| Copy of Equalities and Diversity Policy |  |
| Data protection policy |  |
| Please detail the insurance cover (i.e. public liability and / or buildings and contents) that your organisation has in place that is relevant to this application. |
|  |
| Please confirm that the appropriate Disclosure and Barring Service (DBS) checks have been carried out on those staff working with and / or supporting proposed beneficiaries. |
|  Yes [ ]  No [ ]  |
| Please confirm that you have Covid-19 compliant processes in place. *(See guidance note 6)* |
|  Yes [ ]  No [ ]  |
| If there is a reason why you have been unable to supply any of the information outlined in Section 3, please detail why in the box below. |
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| **Declaration:**I the undersigned confirm that I have the authority to submit this application on behalf of the organisation named in Q1. |
| **Signature of Applicant:** |  |
| **Date:** |  |

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| ***Data Protection:*** |
| *All the information you enter on this form will be stored and held in accordance with relevant data protection legislation and used by Stronger Communities, NYCC Libraries and NYCC Technology and Change (T&C) for the purpose of understanding patterns of need and geographical spread for further funding opportunities and liaising with partners.*  |
|  [ ]   | *Please check the box to indicate you have read this statement and agree to your data being used for these purposes.* *If you do not agree to this, please email stating this fact to: Amber.Graver@northyorks.gov.uk* |