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| **Please state the name of the service which is oversubscribed:** |  |

### Section A: About Your Organisation

1. Contact details of the individual, group or partnership applying for funds.

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| Contact name: |  |
| Organisation / partnership name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| Website (if appropriate): |  |

2. How are you organised (please tick to confirm)?

|  |  |
| --- | --- |
|  | Registered company or charity with relevant registration numbers and governing board. |
|  | Community / voluntary group with a constitution and elected management committee? |
|  | Informal group who have come together for this project / activity. |

**Section B: About the service**

4. Briefly describe the service you offer; its current capacity; and what information you have about additional demand. If you hold a waiting list, please give details about how many people are on it and how long they have been waiting. (250 words).

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5. Briefly explain how you would use additional funding to manage capacity and accept new referrals. Please note that funding up to £6000 is available (500 words). Please indicate how much funding you would be seeking and how long this would enhance capacity for.

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**Thank you for completing this form. The Enable Social Prescribing Wandsworth Team will be in contact to discuss the funding further.**