



WITNEY TOWN COUNCIL

Grant-aid to Local Organisations APPLICATION FORM

(PLEASE COMPLETE THE FORM IN BLOCK CAPITALS)

(1) Your Organisation			
Name of Organisation	Josie Barrass- Baby bonding classes, Witney		
Registered Address*	[REDACTED]		
Post Code	OX285DL	Tel No.	[REDACTED]
Contact Name	Josie Barrass		
Position in Organisation	Running the group sessions (i.e. Chairman, Treasurer, Secretary)		
Registered Charity	NO	Registration No.	
<p><i>What are the activities and/or aims of the organisation:</i></p> <p>**New community based sessions coming soon**</p> <p>We are so pleased to announce the start of our Babybonding sessions at Madley Park Hall, Witney.</p> <p>The 6 session course will be held weekly with two time options.</p> <p>Introductory price of £30 for all six sessions to empower all parents and carers to form safe, secure attachments with their new baby using gentle, fun and evidence based activities.</p> <p>If you are pregnant or will have a new baby in September please be get in touch (info below).</p> <p>If you are interested but not sure if you can afford the course please get in touch as there are ways we can try and get funding... we want the best the best possible start for all babies</p> <p>Any questions please contact us <input type="checkbox"/></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>Share with love</p> <p>#bigchangestartssmall Instagram: babybonding_witney</p>			

Following the announcement of HRH Duchess of Cambridge and her royal foundation centre for clearly childhood WE ARE A NEW PARENT BABY GROUP TO HELP PARENTS FORM ATTACHMENTS WITH THEIR BABIES. THIS IS A NEW GROUP BUT MY PASSION IS IN THIS PROACTIVE STRATEGY AND I WOULD LIKE EVERY BABY TO HAVE THIS OPPORTUNITY REGARDLESS OF THEIR FINANCIAL BACKGROUND.

I AM ASKING FOR £300 TO FUND 10 PARENTS TO ATTEND THIS 6 WEEK INCLUSIVE COURSE.

DUNCAN ENRIGHT HAS PASSED RECOMMENDED THIS WEBSITE AS A POSSIBILITY TO HELP ME FUNDRAISE.

(2) Membership

How many members do you have?	0 THE SESSIONS COMMENCE AT MADLEY PARK IN SEPTEMBER
Approximately how many of your members live in Witney?	HOPEFULLY ALL OF THEM.
Is membership restricted in any way?	
What is your annual subscription, if any?	
Are you affiliated to a national organisation? If so, which one?	
Local venue/meeting place	MADLEY PARK HALL, THEY ARE KINDLY OFFERING ME A REDUCTION IN HIRING THE HALL

(3) Grants

Purpose for which the grant is required: TO ALLOW PARENTS WHO CANNOT AFFORD TO ATTEND THE COURSE A CHANCE FOR THEM TO HAVE THE BEST OUTCOMES FOR THEIR BABY FORMING SAFE SECURE ATTACHMENTS.

Amount of grant applied for	£300	
Has your organisation previously applied to the Town Council for a grant?	NO	
If YES please give details		
Have you applied for a grant to any other body or organisation?	NO	
If YES please give details		

(4) Financial

Please enclose a copy of your latest audited accounts, a financial projection for the period following the balance sheet or a Business Plan if a new organisation. WE ARE STILL IN THE PROCESS OF BUILDING A BUSINESS PLAN AS I NEED TO KNOW HOW MANY SPACES I CAN ALLOCATE TO PAYING PARENTS.

(5) Fundraising

What fundraising events or activities will your organisation be holding this year?

(6) General

Recipients of a grant from the Town Council should acknowledge the fact on all relevant literature. Please provide or attach any additional information which may assist the Council in reaching its decision.

I certify that the above information is true to the best of my knowledge and belief, and that I am authorised to make this application for Grant-aid.

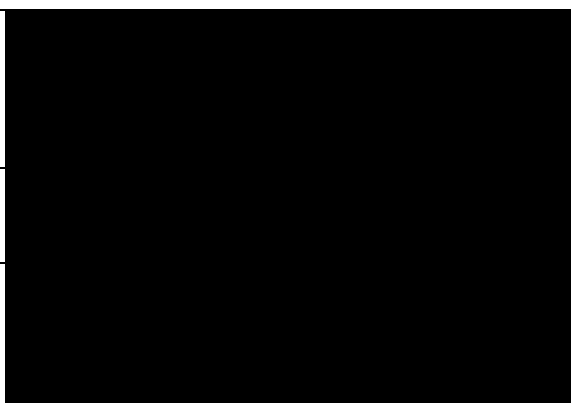
Signed: 

Date: 5.07.2021

Please return your completed application form to the address overleaf, for the attention of the TOWN CLERK

For office use only:			
Acknowledged		Previously Applied	
Grant Aid Awarded/Amount	Y / N	Chq No.	

*Please note that if your address and telephone number are personal information and not that of the company or organisation, please complete the form below which will not be published on our website and will be held in accordance with GPDR regulations. By submitting this form, you are agreeing to the Town Council storing your personal information.

Address for correspondence:	
Telephone number:	
E mail address:	