

## BHSCT Charitable Trust Funds Grant Application

<b>Amalgam Fund Name &amp; Number</b>	Age Well Project
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For official CTF office use only		
<b>CTF Unique Approval Ref</b>	<b>Date</b>	<b>Initialled</b>

**Details of anticipated expenditure (list all expected itemised costs) additional information can be provided on a separate sheet**

<b>Costs outlined below per annum</b>		
<b>Occupational Therapist</b>		
	<b>Salary per annum</b>	<b>WTE Required</b>
Band 7 S&W Only	66,556	1.00
Goods & Services	4,853	1.00
<b>Physiotherapist</b>		
	<b>Salary per annum</b>	<b>WTE Required</b>
Band 7 S&W Only	66,556	1.00
Goods & Services	4,853	1.00
<b>Nurse</b>		
	<b>Salary per annum</b>	<b>WTE Required</b>
Band 7 S&W Only	66,556	1.00
Goods & Services	4,853	1.00
<b>Programme costs</b>		
£20,000 to develop interventions with C and V sector		

<p><b>Amount Required Exclusive of VAT £ 234,227 per annum</b>  <b>£468,454 for the lifespan of project (2 years)</b></p>
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APPLICANT PRINT NAME: Colin McMullan



APPLICANT SIGNATURE & DATE: 31/10/2025

**Employee declaration FOR TRAVEL COURSE AND CONFERENCES UK & IRELAND ONLY**

Where applicable, by signing this form I confirm that:

My study leave application has been approved by the appropriate manager through HRPTS system in line with the assistance to study policy.

I am responsible for ensuring that the correct level of approval has been obtained when submitting the Charitable Funds Application

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Have all other avenues been explored for funding and what was the outcome? i.e General Capital Funds**

Implementing this project within current service provision was explored, however due to cost saving directives and significant pressures within core teams we would be unable to fully achieve the outcomes for older people outlined in the business case attached. We felt that the outcomes for patient welfare which can be achieved through this innovative project aligned with the objectives of Charitable Funds.

**Have you approached another Committee for this funding previously? If so, what was the outcome?**

No

**Please note the Committees decision can range from anywhere between 2-6 weeks to be relayed so please ensure your application is submitted well in advance. Once a decision has been made, the CTF team will update you**

*I have reviewed the attached request and I am content it meets the Public Benefit Test, it fits with the fund objectives, Trust objectives, values and is in line with the CTF Handbook & Guiding Principles*

**Committee Member 1  
Signature & Date**

**Committee Member 2 or Chair  
Signature & Date**

**Category of Spend Please Select one**

<b>Building &amp; Refurb</b>		<b>Medical Research</b>		<b>Patient Education &amp; Welfare</b>	
<b>Purchase of New Equip</b>		<b>Staff Education</b>		<b>Other</b>	
<b>Other- Please Specify</b>					