# Grassroots in Surgery Scheme 2023

#### Application form

Please complete all sections of this form and submit alongside any supporting documents to [grassroots@rcseng.ac.uk](mailto:grassroots@rcseng.ac.uk) by **12.30pm on** **Friday 23 June 2023**.

Please ensure you have read the eligibility criteria and supporting information before submitting this form: [diversity.rcseng.ac.uk/develop-and-learn/grassroots/](https://diversity.rcseng.ac.uk/develop-and-learn/grassroots/)

If you have any queries, please contact [grassroots@rcseng.ac.uk](mailto:grassroots@rcseng.ac.uk)

## Part A – Basic Information

Group details

Please provide the details of the grassroots organisation or charity you are applying on behalf of. If you are applying on behalf of a group affiliated to a larger organisation, please also provide that organisation’s details.

|  |  |
| --- | --- |
| Applicant group name | Click or tap here to enter text. |
| Registered charity number (if applicable) | Click or tap here to enter text. |
| Group website and/or social media channels | Click or tap here to enter text. |
| Group’s purpose, mission or aims (35 words max.) | Click or tap here to enter text. |

Where did you find out about the Grassroots in Surgery Scheme?

Via RCS England *Bulletin*

Via RCS England social media

Via RCS England Members E-Newsletter

Via an RCS England member of staff

Other (please specify):

Did you apply to the Grassroots in Surgery Scheme in 2022?

☐ Yes, successfully

Yes, unsuccessfully

No

## Part B – Project or Activity Information

Project or activity details

Please provide details on the project or activity for which you are applying for funding.

|  |  |
| --- | --- |
| Project or activity title |  |
| Project summary (35 words max.) | Click or tap here to enter text. |
| Project start date | Click or tap here to enter text. |
| Project end date | Click or tap here to enter text. |
| Project location  *Please indicate whether this project or activity will take place in a specific place or region, nationally across the UK, or online/virtually* | Click or tap here to enter text. |

Project or activity description

Please provide a clear and concise description of your planned project or activity (750 words max). This should include:

* Overall aims and expected outcomes of your activity
* A brief description of what you are planning to do
* Why RCS England support is necessary
* Timeframes and any key dates
* The individuals or teams who will be delivering the project

The College’s panel will use the information provided in this section to determine whether the project meets the objectives and criteria of the Grassroots in Surgery scheme, and will take into consideration how your project or activity fulfils the following:

* Demonstrates understanding of issues around diversity, equity, and inclusion in surgery
* Tackles issues around diversity, equity, and inclusion in surgery
* Takes place within the United Kingdom
* Would be significantly impacted by the College’s support
* Is deliverable, in full or in significant part, within a 12-month timeframe

|  |
| --- |
| Click or tap here to enter text. |

## Part C – Funding Details

Funding request

Please note that grants are available between £3,000 and £10,000. Please visit the scheme’s pages on the College website for [eligibility and exclusion criteria](https://diversity.rcseng.ac.uk/develop-and-learn/grassroots/).

|  |  |
| --- | --- |
| What is the total cost of your project or activity? | Click or tap here to enter text. |
| How much are you applying for from the Grassroots in Surgery Scheme? | Click or tap here to enter text. |

Funding breakdown

Please provide a breakdown below of what this grant would support and how it will support the project or activity. You can provide a more detailed budget as a supporting document in Part D.

|  |  |  |
| --- | --- | --- |
| Item | Cost | Purpose |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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If your project is selected for funding, what type of account would the grant be received into?

Applicant’s personal bank account

Account affiliated with the grassroots organisation or charity

Account affiliated with a larger organisation

Other (please specify):

## Part D – Supporting documentation

**This section is not mandatory.**

You may wish to provide additional documentation to support your application, including:

* A short project plan
* A project budget providing more detail than the funding breakdown in Part C
* Any external statements of support
* Any other evidence that demonstrates the likely impact of your project or activity

Each piece of supporting documentation should be no longer than two pages in length and you should submit no more than three documents in total.

Please clearly label any additional documentation and submit this alongside this form to [grassroots@rcseng.ac.uk](mailto:grassroots@rcseng.ac.uk).

## Part E - Submitting your application

Applicant details

Please provide the details of the main contact for your project

|  |  |
| --- | --- |
| Full name | Click or tap here to enter text. |
| Job position | Click or tap here to enter text. |
| Career grade (if relevant) | Click or tap here to enter text. |
| Are you an RCS England member? | Click or tap here to enter text. |
| RCS England Membership number: | Click or tap here to enter text. |
| Contact email address | Click or tap here to enter text. |
| Contact phone number | Click or tap here to enter text. |
| Contact address | Click or tap here to enter text. |
| Post code | Click or tap here to enter text. |

Co-applicant contact details

This scheme is only open to groups rather than individuals. Please provide contact details for at least one additional contact for your project.

|  |  |
| --- | --- |
| Full name | Click or tap here to enter text. |
| Job position | Click or tap here to enter text. |
| Career grade (if relevant) | Click or tap here to enter text. |
| Is this person an RCS England member? | Click or tap here to enter text. |
| RCS England Membership number | Click or tap here to enter text. |
| Contact email address | Click or tap here to enter text. |
| Contact phone number | Click or tap here to enter text. |
| Contact address | Click or tap here to enter text. |
| Post code | Click or tap here to enter text. |

Data protection statement

The information you have given on this form will be held by the Membership, Marketing and Communications Department of the Royal College of Surgeons of England (RCS England) on a compartmented secure server based in the UK in accordance with the Data Protection Act 2018 and the General Data Protection Regulation (UK GDPR) and will be used only in connection with the purposes that you originally contacted us for under the basis of legitimate interest. The information is kept by RCS England for the duration of any partnership plus 12 months and you can find more details about how we process data on our privacy policy at [rcseng.ac.uk/privacy-policy](https://www.rcseng.ac.uk/privacy-policy/).

By ticking this box, I give consent for RCS England to collect and manage my personal data to provide this service.

Declaration

By ticking this box, I declare that the information provided above is true and correct to the best of my knowledge and belief. If any of the submitted information is found to be false or misleading, I understand that RCS England may withdraw its support.

|  |  |
| --- | --- |
| Signature |  |
| Name | Click or tap here to enter text. |
| Date | Click or tap here to enter text. |

## Part F - Equal opportunities monitoring

**This section is not mandatory**

Overview

In line with UK legislation and good practice guidelines, we ask you to complete this form. This will enable us to monitor our business processes and ensure that we provide equality of opportunity to all. The information will be held in confidence, however, you are not obliged to provide this information. You can return the form anonymously by post if you prefer. These details will be detached from the rest of the application form and are separate to the application process. They will not be viewed by shortlisting or interview panels.

What is your gender?

Male

Female

Intersex

Non-binary

Prefer not to say

What is your nationality?

My nationality is:

Prefer not to say

What is your marital or civil partnership status?

Single

Married

Civil Partnership

Partner

Divorced

Other

Prefer not to say

What is your religion?

Christian

Buddhist

Hindu

Jewish

Muslim

Sikh

Other religion, please specify:

No religion

Which of the following best describes your sexual orientation?

Straight or heterosexual

Gay or Lesbian

Bisexual

Other sexual orientation, please specify:

What is your ethnic group?

Choose one option that best describes your ethnic group or background

**White**

English/Welsh/Scottish/Northern Irish/British  
 Irish  
 Gypsy or Irish Traveller  
 Any other White background, please describe

**Mixed/Multiple ethnic groups**

White and Black Caribbean  
 White and Black African  
 White and Asian  
 Any other Mixed/Multiple ethnic background, please describe:

**Asian/Asian British**

Indian  
 Pakistani  
 Bangladeshi  
 Chinese  
 Any other Asian background, please describe

**Black/ African/Caribbean/Black British**

African  
 Caribbean  
 Any other Black/African/Caribbean background, please describe:

**Other ethnic group**

Arab  
 Any other ethnic group, please describe:

Do you consider yourself to have a disability or health condition?

Yes

No

Prefer not to say

**This information will be recorded electronically with your other data in accordance with the Data Protection Act 2018, but used only for monitoring our business practises.**