

**Phase 4: Application Form**

## Details of Primary Contact for Explore Your Universe, Phase 4

|  |  |
| --- | --- |
| Your name: |  |
| Your position: |  |
| Your organisation: |  |
| Your telephone number: |  |
| Your email address: |  |
| Your organisations website: |  |

As part of this application process, you will receive a phone call to discuss your application from Dr Piotr Bienkowski, Director of the [Our Museum](http://ourmuseum.org.uk/wp-content/uploads/Our-Museum-Report_double-page.pdf) programme. This is an opportunity for an open and supportive conversation about areas of participation and the consideration of legacy within your application. Piotr is a consultant of exceptional experience working with us for Phase 4. This initial discussion will need to be with a senior member of staff who can take strategic decisions and knows the processes of the Science Centre. **Who is the best person for this phone conversation?**

|  |  |
| --- | --- |
| Contact name: |  |
| Position: |  |
| Telephone number: |  |
| Availability for consultation call between Thursday 28th February and Friday 4th March 2019 |  |

Following this call, Piotr will provide the selection panel with some written notes. More importantly, you may also submit supplementary material or changes to your application should you feel your programme application could be enhanced.

## Your organisation

Please briefly describe your organisation, giving your overall mission, number of staff, approximate yearly visitor numbers, and an overview of your current schools, family and public programmes.  
**(Max 300 words)**

|  |
| --- |
|  |

**Please confirm the following (To be eligible, all applicants must have answered yes):**

|  |  |
| --- | --- |
| Your organisation has taken part in Explore Your Universe Phase 1, Phase 2 and/or 3 | Yes/No |
| Your organisation is a member of ASDC and will remain a member throughout the duration of this programme | Yes/No |
| If your Community Partner is unable to attend, two members of your staff, from different levels within your organisation, will participate in the training academy | Yes/No |
| Two members of your staff will participate in the mid-term review meeting | Yes/No |
| Your organisation will participate in the end project celebratory meeting | Yes/No |
| Your CEO or senior manager supports this application and provides a written statement of support | Yes/No |

**Please consult the Invitation to Participate in full and then address the following points:**

## Programme Overview

Please provide an engaging overview of your planned programme for Explore Your Universe Phase 4. Include a summary of the periods of partnership building, delivery (phases a and b) and legacy.   
**(Max 300 words)**

|  |
| --- |
|  |

## Our Programme Goals

Detail how your proposal directly links directly with the programme vision and mission. Please specify how it relates to our key goals, alongside the commitments we require from Science Centres.  
**(Max 500 words: Please use titles, bullet points and format as you wish for greatest clarity)**

|  |
| --- |
|  |

## Share your passion and experience for communicating the stories and science of STFC with wider family audiences:

**(Max 300 words)**

|  |
| --- |
|  |

## Which community-based groups are you choosing to work with and why?

Discuss the rationale behind your choice of partnerships and address how you intend to build equitable relationships based on mutual trust from Day 1. Include any challenges to true participation that you consider to be relevant for open discussion with your Community Partner and outline how you intend to co-create a programme during delivery.

* In this section, please also highlight for the selection panel whether this choice of partnership is building on previous relationships or, if you are reaching into new or unfamiliar areas for partnership.
* Please indicate whether this application was written collaboratively with your identified Community Partner or attach any letters of support or evidence of consultation as supplementary material.

**(Max 500 words: Please use titles, bullet points and format as you wish for greatest clarity)**

|  |
| --- |
|  |

## Delivery and Methods of Engagement

Please provide more detail of how you aim to engage children aged 8-14 and their families with content that inspires and engages them, building confidence, curiosity and STEM identity through a series of engagements.

Please include clear rationale for your choice of:

1. The numbers of groups you intend to partner with during delivery phase a and b
2. The timings and length of these interactions.
3. The number of children and families you hope to work with.
4. An idea of the number of hours that participants will be engaged with your activities.

**(Please use the table below, and/or format with titles, bullet points and format as you wish for greatest clarity)**

|  |
| --- |
|  |

## Summary table of anticipated deliverables

From your answers above, please fill in the table below as best you can with the anticipated sessions, and numbers of families you plan to engage:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number of partnerships**  **Delivery phase a:**  May - October 2019 | **Anticipated number of events/activities** | **Duration of sessions  (mins)** | **Approximate number of children & young people that may attend each session** | **Approximate number of parents/carers/ family members that may attend each session** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Estimated TOTAL number of participants (families) across Delivery phase a:** | |  | | |
| **Estimated TOTAL number of hours that the participants will be engaged with EYU4 programme activities:** | |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number of partnerships**  **Delivery phase b:**  January - October 2020 | **Anticipated number of events/activities** | **Duration of sessions  (mins)** | **Approximate number of children & young people that may attend each session** | **Approximate number of parents/carers/ family members that may attend each session** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Estimated TOTAL number of participants (families) across Delivery phase b:** | |  | | |
| **Estimated TOTAL number of hours that the participants will be engaged with EYU4 programme activities:** | |  | | |

## What will happen when the money runs out?

Please provide information on what will remain of the partnerships you have built and maintained after December 2020. Please also consider the impacts on your Science Centre staff and practices. We are not expecting your considerations of legacy to be reliant on obtaining future project funding.  
**(Max 500 words: Please use titles, bullet points and format as you wish for greatest clarity)**

|  |
| --- |
|  |

## Your commitment to project evaluation

Explore Your Universe Phase 4 will seek to understand and share the outcomes and impacts for participants, staff and Science Centres, the efficacy of the engagement processes employed, and the longevity and effectiveness of partnerships formed. As part of the training academy we will provide you with evaluation techniques and tools and you will be shown the methods of evaluation for this programme. The Invitation to Participate gives the date for submission of evaluation online and your interim and final reports.  
  
Please outline your commitment to supporting the collection and reporting of required evaluation data and mechanisms you have in place to capture unexpected outcomes and support reflective practice. Please also outline your dedication to share this information with the ASDC project manager and our evaluators.  
**(Max 300 words)**

|  |
| --- |
|  |

## Please confirm your organisation commits to:

|  |  |
| --- | --- |
| Collecting the required metrics (who, what, where, when, how) from participants in the specified manner and reporting on this | Yes/No |
| Ensuring the required qualitative evaluation is completed and shared with ASDC and/or evaluation consultants as required. | Yes/No |
| Typing up, photographing and submitting online any evaluation data in advance of the deadline | Yes/No |
| Completing and submitting your full and final evaluation data by 31 October 2020 | Yes/No |

## Sharing Your Learning

As part of this programme we encourage centres to share their learning amongst their teams. How do you plan to disseminate this learning throughout the entirety of the programme? (For example, via cross-departmental groups, sharing during team meetings, specific staff training days, etc.)  
**(Max 150 words)**

|  |
| --- |
|  |

## **Your indicative budget for the £6,000 grant (inclusive of VAT) \***

The below budget should demonstrate £6,000.00 well spent. We require realistic consideration of the budget required to engage and build partnerships with alternative audiences and a clear outline of whether a proportion of the grant (£6,000) will be going to the community group(s) to support participation in the programme.

|  |  |
| --- | --- |
| **Expenditure (add details and budget lines and adapt table to suit your project)** | **Total Cost** |
| In-House Staff costs (£250 day) |  |
| External Staff/Consultant costs |  |
| Direct costs for consumables |  |
| Event or outreach costs |  |
| Community Partner Costs (e.g. transport, refreshments) |  |
|  |  |
| Data input of the evaluation results |  |
| Any other items |  |
| **TOTAL (including VAT)** | **£6,000** |

* Please note you are free to change or delete the budget lines here.
* We propose £250/day for staff for ease, however you are welcome to add specific cost rates for specific staff if you prefer.

## Please include your organisation's anticipated in-kind contributions

|  |  |  |
| --- | --- | --- |
| **Expenditure (add details and adapt table to suit you)** | **Details** | **Total Cost** |
| In-kind contribution of your staff (£250 day)  (approx. number of days across the project) |  |  |
| Other in-kind contribution  (please provide details) |  |  |
| **TOTAL** | |  |

Please read the note on the ASDC Development Fee in the Invitation to Participate. This grant is restricted, for the delivery of the project. As such, the ASDC development fee of £360 cannot be part of your grant for this programme and must come from another budget.

## Clear Leadership and Advocacy for this programme

Following guidance from the Invitation to Participate, please provide written support from your CEO or a senior manager below for this programme.

|  |
| --- |
|  |

**Name of CEO ………………………………………………………………………………..**

**Signature of CEO ………………………………………………………………………………..**

## Supplementary material

Supplementary material is not necessary. However, please bullet point below any attachments to your submission so we can ensure we have all evidence. Supplementary material may include any letters of support from your Community Partners.

We would also welcome a single page summary of any internal documents that may be in place (including policies, robust guidelines, core objectives, job descriptions or accessibility statements) that align to our programme goals and therefore provide strategic support for your application.

|  |
| --- |
|  |

## Confirmation of application

**Name of applicant …………………………………………………………………………………...……..**

**Signature of applicant ………………………………………………………………………………….…..…..**

Please use a digital signature (.jpg, .png, gif etc.)

**Date ……………………………………………….............................................**

**By signing this application, you are also agreeing to the following:**

* You are happy for ASDC to share this application with individuals involved in the selection panel for Explore Your Universe Phase 4.
* If successful, your Programme overview summary may be celebrated online, and you will be listed as a partnering Centre with your organisations name and logo on ASDC and partner website and publications (we will confirm the exact text with you before submission).
* That you will also promote programme involvement on your website and via social media.
* You are happy to comply with all branding and logo requirements set out for the project.

## Submitting your application

* Please re-save this application form in the following format:   
  **‘Explore Your Universe Phase 4 application \_name of your centre’.**
* **Please email your application by Monday 25th February at 11pm to** Shaaron Leverment, Programme Director: [s.leverment@sciencecentres.org.uk](mailto:s.leverment@sciencecentres.org.uk) and Cc your application to [admin@sciencecentres.org.uk](mailto:admin@sciencecentres.org.uk)
* Please ensure you get an email response within 24 hours. Call us if you do not!
* Please title the email in the same format: **‘Explore Your Universe Phase 4 application\_name of your centre’**

If you are unsure whether to apply, or would like to ask any questions please feel free to phone:   
**Shaaron Leverment: 0117 925 9752**