Community Collaboration Application

Organisation Details (Who Are You?)		
Full Name _____ Legal Structure _____	Phone number _____ Email _____	Address _____ _____ _____
Registration Number/s _____ _____	Website _____ _____	Contact Number/s _____ _____
Mission & Impact (What Do You Do?)		
	Mission Statement _____	Target Audience _____
Social Media _____ _____ _____	Current Activities _____ _____ _____	Recent Impact _____ _____ _____
Briefly, what are your organisations biggest challenges in sustaining your mission, and how can a partnership with us help? _____ _____		

CalmGrowth: Committed to accessibility, diversity, and mental health equity.
Contact Us: 66 Paul Street, London, EC2A 4NA | admin@calmgrowth.org

Partnership Proposal (Why partner with us?)

- *Do you have a specific project in mind? Briefly describe it below.*

_____

_____

- *How does your work align with our goal of improving community wellbeing?*

_____

_____

- *What type of partnership are you looking for? (e.g., joint project, referral pathway, shared resources, co-funding).*

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- *Do you have a current safeguarding policy? (Yes/No + Date last reviewed).*

_____

_____

- *Do you have Public Liability and Professional Indemnity insurance? (Yes/No + Provider).*

_____

_____

"I confirm that the information provided is accurate to the best of my knowledge."
"We agree to the processing of this data for partnership assessment purposes."

Full Name_____ Your Signature: _____ Date: _____