[COPY] 001 - Application questions for PCPS Services that are not within a CYPMH NHS Service

This is a copy of the grant application questions for organisations that fall outside of CYPMH NHS Services, such as VSCE Services, Education-Based Services, Local Authority Children's Services, and Acute NHS Trusts. Please submit an online application form [link to form] to apply for the grant by Monday 24th November 2025.

Please note that once you start the online application, it is not possible to save and return later. If you have any questions or need further clarification, please feel free to reach out to us at pcps.training@charliewaller.org.

A gentle reminder that the closing date for applications is Monday 24th November 2025

Section 1: About you, the grant application lead

How can we contact you?

Your details	**[Name] [Role] [Organisation] [Email] [Telephone]**
Please confirm you are the lead for this application	**[Confirm]**

Section 2: About the employing organisation

In this section, you are telling us about the organisation that will employ the PCPSW. Details of any of the partner services, projects, or groups can be shared later in section 3.

Organisation name	**[Free Text]**
Please tell us about the person leading on the development of the PCPS Service within **this** organisation. (This may be the same person named in Section 1)	**[Name] [Role] [Email] [Telephone]**
Type of Service	**[Select]** Voluntary and Community Sector Service **[Select]** Education **[Select]** Children's Service in a local authority **[Select]** Other, please describe

Region covered	**[Select]** East of England **[Select]** London **[Select]** Midlands **[Select]** National (UK wide) **[Select]** North East and Yorkshire **[Select]** Northern Ireland **[Select]** North West **[Select]** Scotland **[Select]** South West England **[Select]** South East England **[Select]** Wales
URL/links to the organisation and/or other social media links	[Free Text]
Please confirm if you currently offer or are planning to offer PCPS services.	**[Select]** We are **planning** to offer PCPS services **[Select]** We **currently** offer PCPS services
Please confirm this organisation is a member of the PLACE Network.	**[Confirm]**

Section 3: Please tell us about your partner CYPMH Service and arrangements for Clinical Support and or Supervision

In this section, we ask that you please share the details of your partner CYPMH service that has agreed to provide clinical support or supervision and professional support to the post.

What sort of supervision does CWT recommend?
PCPS workers require supervision whilst undertaking the PCPSW role. Our briefing [link to doc] for services and commissioners sets out the role, and what sort of supervision and clinical support should be in place.

Service Name	**[Free Text]**
CYPMH Service Lead details	**[Name] [Role] [Email] [Telephone]**

Please confirm you have a CYPMH professional with appropriate clinical expertise, i.e., Band 6 or above, who will give regular supervision/clinical support to the PCPSW, who this grant will fund.	**[Confirm]**
Has the nominated CYPMH professional supervisor completed the CWT PCPSW supervisor training?	**[Select]** Yes, the CYPMH professional supervisor has completed the CWT PCPSW supervisor training **[Select]** No, but the CYPMH professional supervisor will undertake the training if successful in this application.
Is there an agreement in place for clinical support or supervision for the PCPSW?	**[Select]** Yes **[Select]** No

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Section 4: Project Description/Goals and Objectives

This section is an opportunity for you to demonstrate how your project aligns with the grant funding goals, the anticipated outcomes of the role, and how you will evaluate your success in meeting your objectives.

Briefly provide an overview of the support currently offered, or what you wish to develop.	**[Free Text]** Max 200 words
What is the current or anticipated employment status of your PCPSW?	**[Select]** Employed **[Select]** Freelance contract with guaranteed minimum hours in accordance with the expectations outlined in the grant. **[Select]** Bank staff with guaranteed minimum hours in accordance with the expectations outlined in the grant. **[Select]** Other, please describe
The grant of £12k per annum is available to support salary costs. The grant is based on 20 hours per week at NHS B4, excluding on-costs. Please	**[Select]** The PCPSW will be funded by the grant, and we confirm we can fund on-costs

confirm the number of hours per week the PCPS will deliver, and that you can top up or match funds to cover the costs or further hours.	***Supplementary Information:*** Please provide the number of hours per week that the PCPSW will work **[Free Text]** **[Select]** A percentage of the PCPSW hours will be funded by the grant, and we confirm that other funding will cover the remaining hours and on-costs. ***Supplementary Information:*** Please provide the number of hours per week that the PCPSW will work and indicate what percentage of these hours will be funded by the grant. **[Free Text]**
If you are already delivering a PCPS service, when did the work start?	**[Free Text]** Max 50 words **[Select]** Not applicable. We are **not** currently providing a PCPS Service.
If you are already delivering a PCPS service, please describe your key achievements in this field over the last year, and the impact this has had on the people you support.	**[Free Text]** Max 200 words **[Select]** Not applicable. We are **not** currently providing a PCPS Service.
If you are already delivering a PCPS service, please set out how you will use these funds to maintain or enhance the support available to parents/carers over the next three years.	**[Free Text]** Max 200 words **[Select]** Not applicable. We are **not** currently providing a PCPS Service.
If setting up a PCPS service, please set out your vision for the post during the next three years, and how this will enhance the support available to parents/carers.	**[Free Text]** Max 200 words **[Select]** Not applicable. We are **already** providing a PCPS Service.
If setting up a PCPS service and are successful in this grant application, what would you estimate as your service start date?	**[Free Text]** Max 50 words **[Select]** Not applicable. We are **already** providing a PCPS Service.
If setting up a PCPS service, please describe how you'll ensure parents and carers can quickly access support, including a brief outline of the referral process for the PCPS service.	**[Free Text]** Max 200 words **[Select]** Not applicable. We are **already** providing a PCPS Service.
Please add any comments to help us understand the number of parents and carers you will support in the first year of funding.	**Free Text]** Max 200 words

If you are already running a PCPS service, how do you measure and evaluate the impact of your service now? If setting up a PCPS service, how will you measure and evaluate its outputs and impact?	[**Free Text]** Max 200 words
Please set out your current practices for co-production in the design and delivery of your work.	**Free Text]** Max 200 words
How do you engage with diverse communities and ensure their voices are heard?	**Free Text]** Max 200 words
If you are already running a PCPS service, can you provide one example of how the organisation has supported the growth of the PCPS workforce?	**[Free Text]** Max 200 words **[Select]** Not applicable. We are **not** currently providing a PCPS Service.
If you are planning to set up a PCPS service, can you briefly describe your strategies to foster and support the development of the PCPS workforce?	**[Free Text]** Max 200 words **[Select]** Not applicable. We are **already** providing a PCPS Service.

Section 5: Supporting your PCPSW

In this section, you are telling us about the support you will give to the employee/the PCPSW.

How will you support the PCPW in developing their role and the PCPS service?	[**Free Text]** Max 200 words
Please detail the arrangements for clinical supervision of your PCPSW.	**[Free Text]** Max 200 words
If your PCPSW has **not** yet undertaken the fully funded PCPSW Training Program, please confirm you will support the PCPSW in applying for and completing the training, and report back to the project lead on any monitoring requirements.	**[Confirm]**
Please confirm that you have the financial resources to cover the costs that are additional to the salary contribution made by the Trust, e.g., Employer's NIC and Pension contributions, equipment, and a place to work and or run groups.	**[Confirm]**
Please confirm that you will provide a contract of employment to, and day-to-day management of the PCPSW.	**[Confirm]**

Please confirm that you and any partner organisations have all relevant organisational practices in place including insurance, safeguarding policies and financial management.	**[Confirm]**
Please confirm that you will support the growth of the PCPS workforce by joining at least 6 PLACE meetings each year. We may also ask services to support at meetings and workshops.	**[Confirm]**
Please tell us how you plan to sustain the post after the grant funding ends.	**[Free Text]** Max 200 words

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Section 7: PCPSW Training

If successful, the employer is required to support the PCPSW to undertake the fully funded PCPSW Training Program.

We understand that some applicants may be seeking funding for a PCPSW who has already received this training, while others may not have. Please select the option that best fits your situation.

Our PCPSW completed the PCPSW Training Programme in 2022	**[Select]**
Our PCPSW completed the PCPSW Training Programme in 2023	**[Select]**
Our PCPSW completed the PCPSW Training Programme in 2024	**[Select]**
Our PCPSW has not undertaken the course, and they have enrolled in the training Programme.	**[Select]**
Our PCPSW has not undertaken the course and will enrol in the training program if we are awarded the grant.	**[Select]**

Section 8: POTENTIAL CONFLICT OF INTEREST STATEMENT

The Charlie Waller Trust recognises that our Lived Experience Partners (LXPs), by virtue of their prior involvement with the Trust, awareness of the previous grant funding, and knowledge of our successful bid for an additional three years of funding, may wish to apply for one of the three available Parent Carer Peer Support Worker grants.

As we will be working alongside an LXP during the initial project setup phase, this situation presents a potential conflict of interest. To ensure a fair, transparent, and equitable process for all applicants, the following measures will be implemented:

- Decision-Making Exclusion: The LXP who has worked on the process will be excluded from the application and decision-making process once applications open.
- Independent and Anonymous Shortlisting: All applications will be anonymised and shortlisted by individuals outside of the Families Team to reduce the risk of unconscious or conscious bias.
- Open Communication: Any applicant interested in applying for a grant is welcome to contact the project team with questions prior to submitting their application.

These steps are designed to uphold the integrity of the process and maintain trust among all stakeholders.