

ONE PERCENT SAFER

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The One Percent Safer Foundation Application Form

We won't collect any personal information about you unless you give it to us voluntarily in this form. When you complete this form we will ask for your name and contact details so that we can confirm we have received your application and to contact you to discuss it. One Percent Safer may use this contact information for the purposes of promoting the One Percent Safer Foundation and One Percent Safer generally.

Grants from the One Percent Safer Foundation

All profits from the sale of the **One Percent Safer** book go directly to the **One Percent Safer Foundation**, an independently governed charitable fund created to **make the world a safer place to work**.

The Foundation provides support to do this in two ways:

- The provision of practical help in the form of small grants or support with professional education and development to individual OSH practitioners who have lost their job as a result of the coronavirus pandemic
- The provision of small grants of 'seed capital' or support with education and development for third sector organizations, voluntary / charitable institutions, and not-for-profits (such as community organizations, social enterprises and co-operatives) working on activities **to make the workplace safer**

Applications for grants from the One Percent Safer Foundation Fund are always welcomed and are treated in strict confidence.

Please send your completed application to: apply@onepercentsafer.com

We will normally respond to your application within 30 days of receipt.

If you have any questions on completing this form, just send us an email and we will be pleased to help you.

We'd appreciate if you'd please complete all sections of this form. Sections marked with * are required fields. Forms received with incomplete sections may not be processed.

All information provided in this form will be treated in confidence. Please be aware that we will make necessary validations which may include, for example, checking your professional membership or training records, making enquiries to the organizations named in this form, and checking your employment status.

Contact details

1. Applicant name*	
2. Email address*	
3. Telephone*	
4. Postal Address*	

Application details

Please select which aspect of the Fund you are applying to (*check one box only (INDIVIDUAL or ORGANIZATIONAL ASSISTANCE) and complete the accompanying questions*):

Individual assistance: The provision of practical help in the form of small grants or support with professional education and development to individual OSH practitioners who have lost their job as a result of the coronavirus pandemic

Please note that support for this aspect is only available to persons who are currently unemployed

5. Applicant's occupation*	
6. Your date of birth	
7. Membership of any professional bodies (<i>please list body and grade of membership</i>)*	

8. Your most recent employer's name and address*	
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9. Your most recent role title*	
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10. Employment dates (for your most recent employment) *	
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11. Summary of your duties in this role* (Maximum 250-300 words)	
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12. Date you became unemployed in this role*	
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13. Reason(s) for unemployment*	
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14. Support required* (Maximum 250-300 words)	How can the One Percent Safety Foundation help you? <i>Please be specific in what help you require. Give details of equipment, courses and support</i>
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15. Cost of support*	
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16. Outcomes* (Maximum 250-300 words)	What do you anticipate will be the outcomes of these activities? <i>Please provide an indication of the planned benefits, learnings, outcomes and any indicative timescales</i>

17. Other Applications*	Have you applied to any other organization for assistance in connection with the above-stated details in Section 14 of this form? (If YES, please provide details in the box below)
NO <input type="checkbox"/>	YES <input type="checkbox"/>

Organizational assistance: The provision of small grants of 'seed capital' or support with education and development for third sector organizations, voluntary / charitable institutions, and not-for-profits (such as community organizations, social enterprises and co-operatives) who wish to begin a project in order to become one percent safer

Please note that support for this aspect is only available to the organizations listed above. If the description of your organization does not appear in this list and you believe that you may be eligible, please contact us directly

18. Organization name*	
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19. Sector*	
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20. Brief description of your primary activities*	
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<p>21. Support required* (Maximum 250-300 words)</p>	<p>How can the One Percent Safety Foundation help you? <i>Please be specific in what help you require</i></p>
<p>22. Amount of grant requested* (please provide a breakdown of costs)</p>	
<p>23. Target dates*</p>	
<p>24. Outcomes* (Maximum 250-300 words)</p>	<p>What do you anticipate will be the outcomes of these activities? <i>Please provide an indication of the planned benefits, learnings, outcomes, indicative timescales and how this activity will help your organization become One Percent Safer</i></p>
<p>25. Summary of project / activity* (this section must list the objectives of the project as a series of bullet points and summarise how you will commence and deliver the project. Please use 250-300 words)</p>	

<p>26. One Percent Safer* (Maximum 250-300 words)</p>	<p>How do you anticipate that this activity or project make the world One Percent Safer? How will progress be monitored?</p>
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<p>27. Outcomes* (Maximum 250-300 words)</p>	<p>How will the project or activity be evaluated in terms of success factors and value for money?</p>
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<p>28. Other Applications*</p>	<p>Have you applied to any other organization for assistance in connection with the above-stated details in Section 14 of this form? <i>(If YES, please provide details in the box below)</i></p>
<p>NO <input type="checkbox"/></p>	<p>YES <input type="checkbox"/></p>

Confirmation

In submitting this application, I commit to making the world **One Percent Safer** and consent to the **One Percent Safer Foundation** carrying out any necessary checks to verify the information provided in this form.

<p>29. Signature of Applicant*</p>	
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<p>30. Additional comments <i>(feel free to use this section to add anything else you think we should know about your application)</i></p>	
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