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|  | **SAFAPLACE COLLABORATORS’**  **FORM (NO RESOURCES)**  **This form is for those working with us without receiving any Safaplace resources or funding. Please return completed forms to** [**SafaplaceN16@gmail.org**](mailto:SafaplaceN16@gmail.org) |

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| Name |
| Name of supporter requiring Safaplace endorsement |

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| What? |
| Please describe what you want to do |

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| Team/volunteers |
| Who will be involved? Please include the name of the person responsible and any known volunteers/contributors of facilities etc. |

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| School involvement |
| Will school involvement be needed? Will pupils be involved (is DBS needed for volunteers?) |

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| Stakeholders/partners |
| Are there third party supporters – individuals and organisations? Please state who these are (This is to ensure ethical trading is observed). |

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| Community outreach |
| Will the supporter ensure involvement of young people and our diverse community? If so, how? |

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| Equalities monitoring |
| How will the supporter ensure and encourage access of different groups? How this will be recorded? |

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| Collabroator communication |
| Endorsement needs from Safaplace (e.g. provision of graphics, speakers, promotion etc.) Please note that you must not say you “are” Safaplace or use the name or graphic identity in a way that could be confusing or lead others to believe that you are). |

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| Risk assessment |
| Describe any possible risks to your activity completing successfully, and how these wiil be addressed |

Agreed by: (for Trustees)

Date: