|  |  |
| --- | --- |
|   | **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** |

|  |
| --- |
| Name |
| Name of supporter requiring Safaplace endorsement |

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

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

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

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

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

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

|  |
| --- |
| 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). |

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

Agreed by: (for Trustees)

Date: