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**VICTIMS AND SURVIVORS SERVICE**

**Expression of Interest Form**

**for the selection of**

**VSS PEACEPLUS Project Partners**



# Expression of Interest Form

Please complete and return this form along with any necessary supporting documentation by 12 noon, Monday 20th February 2023.

Completed Expressions of Interest should be emailed to the following email address:

Programmes@vssni.org

**Please note**: We recommend that you request a read receipt to ensure that that your email has been received by VSS.

Please contact us to confirm receipt if you do not receive an email confirmation from VSS within 24 hours of submission.

Hard copy Expressions of Interest can also be submitted to the following address:

**Victims & Survivors Service**

**1st Floor, Seatem House**

**28-32 Alfred Street**

**Belfast**

**BT2 8EN**

**By post**: applicants are advised to send these via recorded delivery and ensure correct postage is affixed. VSS will not accept items where there is a cost for underpaid postage or where there is a delay in the postal system.

**By hand**: VSS reception staff will provide a receipt to confirm the document has been received on delivery of applications by hand.

**Late Expressions of Interest and or related documentation will not be accepted. This is applicable to electronic and hard copy documentation.**

**PART ONE**

**Eligibility Sift**

This information and supporting documentation must be provided to us in full. This information is critical for the assessment of your eligibility to be a Project Partner. Non-completion or an inability to produce the information requested in this section will result in a disqualification from the process and no further assessment of your Expression of Interest.

**ORGANISATION DETAILS**

|  |  |
| --- | --- |
| **Organisation Name**  | *Full legal name as shown on your governing document* |
| **Name commonly known as**  | *If different from your legal name*  |
| **Contact person** |  |
| **Address Line 1** |  |
| **Address Line 2** |  |
| **Town/City** |  |
| **Post Code**  |  |
| **Contact Telephone Number**  |  |
| **E-mail address** |  |
| **Website/Facebook and Twitter address*****(If applicable)***  |  |
| **Geographic Area which proposed project will cover** |  |

**ORGANISATION LEGAL STATUS**

|  |  |
| --- | --- |
| **Voluntary /Community Organisation**  |  |
| **Registered Charity \*** | **Charity Registration no:** |
| **Limited Company (please provide Registration number)** |  |
| **Other (Please state)** |  |

***\*****Please note to be eligible the organisation is required to have operated as a charity for the last 3 years (i.e., from 1 January 2020).*

**CURRENT BOARD/COMMITTEE MEMBERS**

*Add further lines to this table if necessary*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Position** | **Number of years as Board Member** | **Skills/Experience** |
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**Please note the following supporting documentation MUST be submitted alongside the completed Expression of Interest:**

1. A copy of your organisations constitution or set of rules which are **dated and signed as adopted** by the date of submission
2. Provide copies of your organisation’s Charity Accounts/Financial Statements covering the last 3 years available. (Final accounts approved and authorised by your Board/committee)
3. An up to date (within the last 6 months) bank statement in the legal name of the organisation.

**Please complete and sign the attached checklist in Annex 1**

**SIGNED DECLARATION**

By signing this declaration, I confirm that:

* The organisation understands and is committed to the roles and responsibilities of a Project Partner involved in the delivery of the PEACEPLUS Programme
* The organisation will act according to the Commission for Victims and Survivors Minimums Standard document. Details of the Minimum Standards are available here: [final-standards-document-2016.pdf (cvsni.org)](https://www.cvsni.org/wp-content/uploads/2022/09/final-standards-document-2016.pdf)
* The information in the Expression of Interest form is accurate and true to the best knowledge of the organisation

**Signature:**

**Print Name (Capital Letters):**

**Position of signing person:**

*Note: Person signing must be Director or CEO (or equivalent)*

**Name of Organisation:**

**Date:**

**PART TWO**

**Selection Criteria**

**Before completing this section, please ensure that have read the Expression of Interest Guidance Document.**

**Please indicate which selection criteria you are applying under.**

|  |  |  |
| --- | --- | --- |
| **Criteria**  | **Description**  |  |
| **Criteria 1** | To be part of **BOTH** the Health and Wellbeing Caseworker Network and Advocacy Support Programme |  |
| **Criteria 2**  | To be part of the **Advocacy Support Network ONLY** |  |
| **Criteria 3A** | to be part of the **Health and Wellbeing Network ONLY** (if BACP Accredited) |  |
| **Criteria 3B** | to be part of the **Health and Wellbeing Network ONLY** (if **non** BACP Accredited) |  |

**Please Complete below for the selection criteria that you are applying under.**

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| **Criteria 1**For organisations who wish to be part of **BOTH** the Health and Wellbeing Caseworker Network and Advocacy Support Programme they must be able to demonstrate:  |
| * BACP (or equivalent) accreditation - or be in advanced stages of application process.
 |
|  |
| **AND*** At least 3 years’ experience in the last 5 years, in the delivery of Psychological/Talking Therapies for victims and survivors of trauma.
 |
|  |
| **AND*** At least 3 years’ experience in the last 5 years in the provision of Advocacy\* Support to victims and survivors of the Troubles/conflict.

*\* For the purposes of this process, advocacy support is defined as the provision of support to victims and survivors of the Troubles/conflict, to engage with legacy mechanisms/institutions.* |
|  |

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| **Criteria 2**For those organisations who wish to be part of the Advocacy Support Network **ONLY** but do not meet the above criteria they must be able to demonstrate the following: |
| * At least 3 years’ experience within the last 5 years, in the provision of Advocacy\* Support to victims and survivors of the Troubles/conflict.
 |
|  |
| **AND*** A formal established referral pathway into an organisation\*\* with:
	+ - BACP (or equivalent) accreditation - or be in advanced stages of application process; and
		- At least 3 years’ experience in the last 5 years, in the delivery of Psychological/Talking Therapies for victims and survivors of trauma.

*\* For the purposes of this process, advocacy support is defined as the provision of support to victims and survivors of the Troubles/conflict, to engage with legacy mechanisms/institutions.*\*\**A Letter of Support must be submitted with the Expression of Interest* |
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| **Criteria 3A** For organisations who wish to be part of the Health and Wellbeing Network ONLY and are BACP accredited, please demonstrate how you meet the following: |
| * BACP (or equivalent) accreditation - or be in advanced stages of application process.
 |
|  |
| **AND*** At least 3 years’ experience in the last 5 years, in the delivery of Psychological/Talking Therapies for victims and survivors of trauma.
 |
|  |
| **AND*** A formal referral pathway into an organisation\* who has 3 years’ experience in the last 5 years delivering Advocacy\*\* Support for victims and survivors of the Troubles/conflict

\**A Letter of Support must be submitted with the Expression of Interest.**\*\* for the purposes of this process, advocacy support is defined as the provision of support to victims and survivors of the Troubles/conflict, to engage with legacy mechanisms/institutions.* |
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| **Criteria 3B** For organisations who wish to be part of the **Health and Wellbeing Network ONLY and are not BACP accredited**, please demonstrate how you meet the following: |
| * At least 3 years’ experience with the last 5 years, in the delivery of health and wellbeing support services for victims and survivors of trauma.
 |
|  |
| **AND*** A formal established referral pathway into an organisation\* with:
	+ BACP (or equivalent) accreditation - or be in advanced stages of application process; and:
	+ At least 3 years’ experience in the last 5 years, in the delivery of Psychological/Talking Therapies for victims and survivors of trauma
 |
|  |
| **AND*** A formal referral pathway into an organisation\* who has 3 years’ experience in the last 5 years delivering Advocacy\*\* Support for victims and survivors of the Troubles/conflict

\**A Letter of Support must be submitted with the Expression of Interest.**\*\* for the purposes of this process, advocacy support is defined as the provision of support to victims and survivors of the Troubles/conflict, to engage with legacy mechanisms/institutions.* |
|  |

**Applications which do not meet the selection criteria will not progress to the next stages.**

**PART TWO**

**Assessment**

1. **Need and Demand**

Please outline the number of Health and Wellbeing and/or Advocacy Support staff that you would like to employ as a Project Partner.

|  |  |
| --- | --- |
| **Posts\*** | **Number Requested** |
| Health and Wellbeing Caseworker  |  |
| Advocacy Support Worker  |  |
| Advocacy Support Manager  |  |

*\*Health and Wellbeing Caseworkers will be supported and mentored by VSS Health and Wellbeing Caseworkers, therefore a manager role is not required. VSS may allocate additional support staff at Stage 2 of the process (see Section 5.6 of the Expression of Interest Guidance Document.)*

The number of posts requested must be based on established need and demand within your local area and/or the victims and survivors that you intend to support. You must evidence demand for these services to improve the health and wellbeing of victims and survivors. Please note selection as a Project Partner will not necessarily result in being allocated the number of workers requested above. Posts will be allocated at Stage 2 of the process taking into account the needs of the Partnership as a whole.

You should consider the following points:

• The specific needs of victims and survivors you which to address – specifically within the regions you propose to service.

• The evidence that victims and survivors want the type of activities you propose to offer – e.g., have you undertaken consultation or research?

• Whether the service delivery is building upon previous projects and experience.

• Whether there is complementary or competing provision. Describe how your project complements or adds value to similar ongoing or proposed work within the region and beyond. It is important to note that there is almost always some form of competition to new services so please consider this issue fully. VSS will form a view on potential duplication or displacement which could occur as a result of project funding.

• What is unique or different about what you propose to offer compared to other organisations within the region?

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| --- |
| **Word Count max. 1,500** |

1. **Capacity to deliver**

Please also demonstrate your administrative, financial, and operational capacity to lead on a grant/project of this size and complexity. Please provide evidence of any previous management, delivery, and administration of EU funded programmes.

Please also outline your experience of partnership working and how you have involved other stakeholders in the design and delivery of programmes

Please outline any existing networks that you may be involved in which support victims and survivors.

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| **Word Count max. 1,500** |

1. **Management and Governance Arrangements**

Please detail the project management structures and both the clinical and corporate governance arrangements in place within your organisation. Outline how staff will be managed, including performance.

*Please ensure your answer addresses both operational management and financial management*

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| Word Count max. 1,500 |

**Please ALSO complete the section overleaf if you are submitting under the following criterion:**

* Criteria 2: Advocacy only
* Criteria 3A: Health & Wellbeing BACP Accredited
* Criteria 3B: Health & Wellbeing non BACP Accredited

The project management structures should detail how the referral pathways will be formalised and operationalised.

For example, will there be monthly, quarterly referral meetings, who will be involved in this process. This will need input from the organisation with who you will have the referral process with and therefore we would expect that this response will be jointly developed.

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| Word Count max. 800 |

**Annex 1 – Checklist**

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| **Expression of Interest Checklist**  |
| **Item/Document** | **Included (✓)** |
| Constitution or Set of Rules – must be signed and adopted |  |
| Confirmation you are registered as a Charity for a minimum of 3 previous years |  |
| Charity Number |  |
| List of Current Board/Committee Members |  |
| Copies of your organisation’s Charity Accounts/Financial Statements covering the last 3 years available. (Final accounts approved and authorised by your Board/committee) |  |
| Bank Statement in the legal name of the organization (within previous 6 months)  |  |
| Letter of Support (if required) |  |
| Signed Declaration  |  |

I confirm I have provided the above documentation with the expression of interest:

Signed:

Print Name:

Date: