

May 2019

Expression of Interest

Gambling Awareness Trust (GAT) is an Independent charity setup in 2019 to fund research, education and treatment services to help minimise gambling related harm in Ireland. GAT is administered by a Board of voluntary Trustees

Problem gambling service providers all over Ireland will be eligible to apply for funding from GAT.

GAT is now accepting expressions of interest from those service providers that can provide any of the following services;

- Provide a phone counselling service 7 days a week
- Provide face-to-face counselling sessions Nationwide
- Promote general public awareness-raising
- Provide education and early-prevention work
- Provide relapse prevention
- Offer support online with self-help and mutual aid initiatives
- Conduct National gambling research & prevalence study

Data protection

Please note that any personal information provided by you to us will be processed in line with our Data Protection Notice which can be found at:

www.gamblingawarenesstrust.ie. Personal information that may be provided on this application form is necessary to enter into our potential contractual relationship with an applicant.

Section 1 – Organisation Details			
Name of Organisation			
Address			
Eircode			
Telephone Number			
E-mail			
Website address			
Contact Name			
	Yes	No	If Yes, please provide Charity Number <small>(per Charity Regulatory Authority)</small>
Is your Organisation a registered Charity?			
Company Registration Number			
	Yes	No	If Yes, please provide details
Has funding for your proposed project ever been sought from other sources			

Section 2 – Service or Project details

Type of service proposed (Please select more than one where appropriate)	Research Education Awareness Counselling Helpline Other (please specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
Synopsis of proposed service	
What is the objective of the proposed service and how will intended outcomes be measured? (Please identify any metrics or benchmarks that will be applied)	

<p>Past experience – Have you ever provided a service like this before. If so, please provide details of the project, how it was funded, participation rates, outcome.</p>	
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Section 4 – Declaration

I declare that I have read and understood the Expression of interest form for Gambling Awareness Trust funding

Signed:

Name:

Role in the Organisation:

Date:

I certify that the information in this form and Appendix is true and accurate. (Where it subsequently emerges that the information provided in the application form or being reported during the lifetime of the project is partially or wholly untrue, the funding will be repaid to the Gambling Awareness Trust.)

Signed:

Name:

Date:

Please complete and return this form by email to info@gamblingawarenesstrust.ie before Friday 5th July 2019.