

**Student-Led Volunteering Project Proposal Form**

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| --- | --- |
| **Name of Event** |  |
| **Type of Event** |  |
| **Proposed Date of Event \*** |  |
| **Target Audience** |  |
| **Proposed Location of Event** |  |
| **Expected Numbers to Attend** |  |

\*If a recurring event then list date as “Monthly” or “Every Wednesday” etc.

|  |  |  |
| --- | --- | --- |
| **Contact details for event organisers** | | |
| **Name** |  |  |
| **Role** |  |  |
| **Email** |  |  |
| **Phone** |  |  |

**Please complete this section with as much detail as possible.**

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| **What are you planning to do?** |
|  |
| **What are the aims and objectives of the event?** |
|  |
| **Will you have a team of volunteers to help with your event? Please outline who they are and what they will be responsible for.** |
|  |
| **Please provide information of any specialist equipment that may be required.** |
|  |

**Budgeting your event**

**Expected Income**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Will there be a door charge or donation made?** |  | | |  |
| **Description** | **Price** | **Expected numbers** | **Total income** | Actual (to be completed by Volunteering Coordinator) |
| Student | £ |  | £ | £ |
| Non-student | £ |  | £ | £ |
| External sponsorship | £ |  | £ | £ |
| Other income | £ |  | £ | £ |
| **Total expected income** | £ | | | £ |

**Expenditure Costs including VAT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | | Estimated (to be completed by Society) | Actual (to be completed by Volunteering Coordinator) |
| Venue Hire/ Accommodation/ Facilities | | £ |  |
| Entertainment/ Live Acts | | £ |  |
| Guest Speakers | | £ |  |
| Promotion Material | | £ |  |
| Decorations | | £ |  |
| Equipment | | £ |  |
| Prizes | | £ |  |
| Refreshments | | £ |  |
| Transport | | £ |  |
| Security | | £ |  |
| Other (Please Specify) |  | £ |  |
| **Total Expenditure** | | £ |  |

**Activity Proposal Summary**

|  |  |
| --- | --- |
| **Total expected income** | £ |
| **Total budgeted expenditure** | £ |
| **Event profit/loss \*include a + or -** | £ |

**This Volunteering Project Proposal Form should be signed by a minimum of TWO current students who are part of the delivery team.**

|  |  |  |
| --- | --- | --- |
| **Name** | **Signature** | **Position** |
|  |  |  |
|  |  |  |

**If you require funding to deliver this activity, you may request a grant from the Volunteer Office. Please complete the section below. This will be considered by the Volunteer Office and you will be informed by the Volunteering Coordinator after a decision has been made.**

|  |  |
| --- | --- |
| **Funding Request from Volunteer Office** | £ |
| **Reasons for Funding Request** |  |

**For Volunteer Coordinator purposes only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Approved/Rejected** | **Reason for rejection** | **Signature** | **Date** |