

**Proposal Form for Submission to Council**

For BSACI members seeking support directly from BSACI.

Please complete and email this form and any supporting document to Fiona@bsaci.org

Date proposed: **Day/Month/Year**

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| --- | --- | --- |
|  | Complete details in this column | Notes |
| Proposers Name: Committee/Group/BSACI Member  |  | *Please tell us in full who this proposal is from. Please also supply the name of the main contact.*  |
| Please summarise what it is you are proposing? |  | *Maximum 250 Words on the purpose and background. Please attach further details if you wish to support your proposal.* |
| Is this the first time this has been undertaken or has this or is this being undertaken elsewhere? |  | *Tell us more…* |
| What is the expected outcome of what you are proposing? |  | *What is it you hope will be achieved?* |
| Is the plan to work with other external stakeholders? |  | *If the answer is yes please list all the stakeholders that are to be involved.* |
| What are the specific benefits to BSACI? |  | *List all the benefits.*  |
| Have you drafted a budget for this? |  | *Please attach this with the proposal* |
| Do you require funding from BSACI or industry etc… |  | *Please tell us more about who you propose should fund this and the amount required.* |
| Who else will directly benefit from this and how?  |  | *List the beneficiaries and collectively how they will benefit* |
| Do you have administrative support for this?  |  | *If so, please tell us who will be supporting you? If not, would you require BSACI office support? If so how much support in hours per week/month do you envisage?* |
| What prior research have you undertaken to ensure there is a need for this?  |  | *Have you undertaken investigations into the need for this if so please tell us?* |
| Are there any risks associated with this or to the BSACI? |  | *List possible risks involved and how they will be managed.* |
| What specific experience is required from those undertaking this?  |  | *List experience that is required to carry this out* |
| What is the length of the time it will take to complete this? |  | *Estimated Months/Years*  |
| Do you have a plan on how this will be delivered? |  | *Please tell us more about the way in which this will be disseminated. Or attach a separate sheet.* |
| To be completed by BSACI Office only: Approval sought Yes/No |  |  |
| If yes, are there any stipulations that need to be considered. |  |  |