



# Broadstairs & St Peter's Town Council

## APPLICATION FORM FOR EVENT SPONSORSHIP

**PLEASE READ THESE NOTES BEFORE COMPLETING THIS FORM**

- a) Please complete the form carefully in readable CAPITALS in black ink or typed. The application needs to contain ALL the information requested and is required to be completed and returned with all relevant documentation. The grant-making criteria is on the Town Council's website at [www.broadstairs.gov.uk](http://www.broadstairs.gov.uk).
- b) Please enclose an up-to-date copy of the Constitution/Rules of your organisation.
- c) Please enclose a copy of the latest accounts for your organisation. Please be accurate about your budget and finances. If your funding application is approved, we may ask for evidence of quotes to back up your budget statement.
- d) Public sector funds are limited so we are seeking a clear account of how you meet the Council's priorities in putting on your event. Please ensure that you consider your answers carefully as the process is competitive and your application will be assessed in accordance with the Grant Criteria as set out on our website.
- e) If appropriate, the Council may require that a member of the organisation attend a meeting of the appropriate Committee to give a presentation about the request.
- f) If appropriate, the Council may require that a Member of the Town Council be appointed to the organisation requesting financial assistance.
- g) Should your organisation be successful in its grant application, the Town Council requires that you acknowledge its financial assistance in ALL publicity, publications and social media posts by using the Town Council crest, with text "Broadstairs & St. Peter's Town Council" under the crest. Please contact the office for a high-resolution copy of this.
- h) Any financial assistance is given on the understanding that your organisation complies with current legislation on Equalities and Diversity and Unlawful Discrimination.

### Your Details

**Name of Organisation:**

Hi Kent

**Grant amount requested:**

£480

<i>FOR OFFICE USE ONLY</i>	
<i>Date form received</i>	.....
<i>Accounts Enclosed</i>	.....
<i>Copy of Constitution</i>	.....
<i>Grant Approved / Declined</i>	.....

<b>1. Contact Name</b>	Liz Clayton
<b>2. Position</b>	Grants Manager, Hi Kent
<b>3. Address</b>	Hi Kent Head Office - 18 Brewer Street, Maidstone ME14 1RU  East Kent Hi Kent Centre - 46 Northgate, Canterbury  <b>Postcode</b> CT1 1BE
<b>4. Telephone</b>	01622 691151
<b>5. email</b>	L.Clayton@hikent.org.uk
<b>6. Website</b>	www.hikent.org.uk
<b>7. Name &amp; address Of TREASURER</b>	Caroline Highwood C/o Hi Kent, 18 Brewer Street, Maidstone ME14 1RU

<p><b>1. What is the name of your event? A working title is acceptable.</b> Hi Kent Hearing Aid Support Clinics held at Broadstairs Age UK, Baptist Church, Queen's Road, Broadstairs CT10 1NU</p>	
<p><b>2. Where do you plan to hold your event? Do you own this land/property? If no, what is the name, address and contact telephone number of the owner? Have you received permission from the landowner to use the land?</b> address above</p>	
<p><b>3. Which date(s) will your event be held on?</b> Hi Kent Hearing Aid Support Clinics are held on the 2nd Friday of every month  <i>If you are applying for funding for a package of events then please outline these on a separate sheet and attach to this form.</i></p>	<p><b>Please state the start date and time:</b> Hi Kent Hearing Aid Support Clinics run monthly from 10.00am to 12noon <b>Please state the end date and time:</b> Clinics will be held on 9 January, 13 February, 13 March, 10 April, 8 May, 12 June, 10 July, 14 August, 11 September, 9 October, 13 November and 11 December 2026</p>

**4. Is your event open to the public? If not, your event will not qualify for funding.**

Hi Kent's Hearing Aid Support Clinics are provided free of charge to residents of Broadstairs of all ages living with hearing loss

**5. Please provide a general description of your event. Include things like where will your event be held, how it will be promoted and who you expect to attend.**

Hi Kent provides free monthly Hearing Aid Support Clinics in Broadstairs which are run by our fully trained volunteers to provide batteries for NHS hearing aids and a full cleaning and re-tubing service to ensure that aids are fully functioning. The Clinics run for two hours but our volunteers are always happy to extend a client's individual time on the day to ensure that each client receives the time and attention they deserve. Last year our Hearing Aid Support Clinics benefitted over 220 residents living in Broadstairs with a hearing loss who required expert help to look after their NHS hearing aids in order to ensure they work effectively for them. Hearing aids that are regularly maintained and work well give the wearer more confidence in their ability to cope better with everyday life and enjoy familial and social situations secure in the knowledge that their aids help them pick up the sounds/pitches they have lost. Home visits are also provided free of charge for people unable to travel to the Clinics due to illness or frailty. Having such a local service means that clients do not have to travel to a central Audiology clinic, which often incurs travel and parking expenses and sometimes waiting time. Signposting is also given to other free services provided by Hi Kent, such as Assistive Equipment, Lipreading Classes, Tinnitus Support Groups, one-to-one Technology Support and Social Groups.

**6. How many times have you previously held this event? Is this the first time this event has been held?**

The Hi Kent Hearing Aid Support Clinics will be held monthly on the 2nd Friday on the dates listed above.

This service is ongoing and the support of the Town Council is requested to ensure that these Hearing Aid Support Clinics continue and thrive in 2026.

**7. Please confirm how your event will be promoted/marketed?**

Hi Kent produces posters and flyers for our Hearing Aid Support Clinics, which are widely circulated in Broadstairs. Should the Town Council be able to provide financial support to Hi Kent, then this would be acknowledged on the posters, flyers and all local publicity, as well as on the home page of our website.

**8. Please explain how the event links to at least one of the Council's 'Cleaner, Safer, Kinder' initiatives:**

Deafness is known as the 'invisible disability' because often there is no outward sign that someone has a hearing loss. People who are deaf are often isolated and fearful, and prone to suffer from depression. Nationally 1 in 5 people are hearing impaired and this rises to 1 in 4 for people over the age of 50, with the number of people over the age of 65 the fastest growing demographic. People with hearing loss typically become increasingly isolated by their worsening deafness, and many make excuses not to go out or attend family and other social gatherings, because they are embarrassed by their hearing loss and not being able to communicate. They are often aware of other people's lack of patience and understanding when they are asked to repeat what they have said, and retreat to the sanctity of their homes and quickly become marginalised and excluded. Most of our clients are deaf people aged between 65 and 80 years who are among the most frail, vulnerable and deprived members of society.

**9. Why do you think the council should sponsor your event?**

*(i) How is the event going to support and promote Broadstairs & St. Peter's?*

Hi Kent's free Hearing Aid Support Clinics for local residents of all ages living with hearing loss encourage independence, health and wellbeing in our client group, and help clients reduce isolation, and encourages participation within their local community and full engagement with family and friends. Our services are offered free of charge and provided locally where the need exists.

*(ii) How will it support and benefit the local economy of Broadstairs & St. Peter's?*

## Managing your Event

<b>10. Is anyone else financially contributing to your event? If yes, please give the details below:</b>	
<b>(a) Funding secured:</b> <b>Name of funder:</b>	<b>Amount secured:</b>
n/a	
<b>(b) Funding applied for:</b> <b>Name of funder:</b>	<b>Amount requested:</b>
n/a	
<b>(c) Funding being used from Reserves or Fundraising:</b> <b>Details</b>	<b>Amount</b>

<p><b>11. If this would be your only source of funding, please explain why?</b></p> <p>Hi Kent is requesting financial support from the Town Council to ensure that the Hearing Aid Support Clinics for local people living with hearing loss can continue and thrive in 2026. Should financial support not be available, then in the short-term funding for these Hearing Aid Support Clinics in Broadstairs will be provided from our reserves</p> <p>Hi Kent makes hundreds of grant applications every year to seek funding to support our charitable work, including our Hearing Aid Support Clinics, as well as undertaking a programme of fundraising events to raise money on our own account.</p>
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**12. If this is a recurring event and you have received funding from the Town Council before, have you sought alternative funding from another funder? If not, why?**

n/a

**13. Is your organisation VAT registered? If so, please supply your VAT number:**

Yes, GB724760923

**14. Do you have public liability insurance of not less than £5million to cover the event? If yes, please provide a copy with this application. If no then please outline below when you intend to secure it.**

Yes, copy attached

**15. Do you employ anyone to help with your event? If yes, how many people do you employ?**

Hi Kent Hearing Aid Support Clinics are run by our fully trained volunteers, who are often deaf themselves. Hi Kent's East Kent Volunteer Co-Ordinator is responsible for the overall running of this service.

**16. Do you have any volunteers assisting your event? If yes, how many volunteers do you have?**

Hi Kent volunteers, usually one at each monthly Clinic

**17. Please give a brief outline of the skills, experience and/or training that your employees or volunteers have in managing or working on an event.**

Hi Kent volunteers are fully trained and are regularly given up-to-date training on the latest hearing aids

**18. Is your event affiliated to any national or local support organisation? If yes, please provide full details:**

n/a

## Event Budget

<b>Please provide a breakdown of your project's costs. Please note that this should be a breakdown of your total project costs</b>	
<b>Expenditure (eg Equipment, Transport etc)</b>	<b>£</b>
The cost of the Hi Kent Hearing Aid Support clinics is £40 per session for each of 12 months, which includes a contribution to advertising costs; a contribution to operational/activity costs to include Volunteer hearing aid maintenance kit/supplies, protective equipment for Volunteers (including antiseptic spray, surface and hearing aid wipes, kitchen roll, aprons, etc);	£ 480.00
Volunteer training costs and Volunteer travel expenses for Clinics and home visits; a contribution to administrative costs/insurance costs/risk assessments/premises/overheads costs; and a contribution to salary and expenses for the East Kent Volunteer Co-Ordinator	£
	£
	£
	£
	£
<b>Total expenditure</b>	<b>£ 480.00</b>
<b>Income (eg ticket sales, pitch hire etc)</b>	<b>£</b>
	£
	£
<b>Total income</b>	<b>£ 0</b>

<b>Please provide the following details from your most recent annual accounts.</b>	
<b>Total Income</b>	<b>£ 574,282</b>
<b>Less Total Expenditure</b>	<b>£ 581,222</b>
<b>Surplus / Loss</b>	<b>£ 6,940 deficit</b>
<b>Savings (Reserves, Cash, Investments)</b>	<b>£ 133,334</b>

## Your Declaration

**Please complete the section below as the final part of your application. Failure to complete this declaration could result in a delay to your application.**

Have you read and do you agree to comply with the Broadstairs and St. Peter's Town Council Criteria for the Awarding of Grants?

Yes:  Yes  No:

<p>Are you an employee of the Town Council or Thanet District Council? Are you related to an employee or a Councillor at the Town Council or Thanet District Council?</p> <p>no</p>	
<p>I am an Employee: Please record your job title, department and line-manager.</p>	
<p>My relative is: Please provide their name, your relationship to them, and the role/job that they play at the Council.</p>	
<p>I certify that the information given on this form is correct, and understand that the form will provide the basis on which the grant application is considered. I enclose an up to date copy of the constitution or rules of the organisation and the latest accounts.</p>	
<p>SIGNED: <i>Liz Clayton</i></p>	<p>DATE: 20 February 2026</p>

**Please return the completed form – together with all appropriate attachments:**

**The Town Clerk  
Broadstairs & St. Peter's Town Council  
Pierremont Hall  
Broadstairs  
CT10 1JX**

[town.clerk@broadstairs.gov.uk](mailto:town.clerk@broadstairs.gov.uk)