## **Gloucestershire Blood Pressure Grants Programme**

## Expression of Interest Form

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| If you would like to submit an expression of interest to work in partnership with the NHS to help the Gloucestershire population manage their blood pressure, please complete the following form, and send to [glicb.bloodpressure@nhs.net](mailto:glicb.bloodpressure@nhs.net) by Sunday 11th May 2025.  Please try to keep Expressions of Interest to a maximum of 3 sides of A4. | |
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| **Name of Organisation** |  |
| **Type of Group/Organisation**  [please delete as applicable] | Community Group  Voluntary Group  Registered Charity  Community Interest Company  Art, Music or Performance Group  Nature-Based Group  Sports Group  Faith-based Group |
| **Locality**  [please delete as applicable] | Cheltenham  Cotswolds  Gloucester  Forest of Dean  Stroud  Tewkesbury  Gloucestershire (countywide) |
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| **1. Please tell us more about your organisation.** | *Please tell us about the history of your organisation, your aims and objectives and your main activities.* |
| **2. Please tell us about the community that you work with and how it fits with the target areas/ cohorts identified in the guidance document.** | *Please include detail here about the area you work in and/or the specific groups/ populations that you work with. We want to know about the existing relationships you have already established and how this links with the target areas/ cohorts identified in the guidance document.* |
| **3a. Please tick the relevant boxes that apply to your proposed activity.** | *Please tick one or more of the boxes below to confirm which of the following relates to your proposed activity.*   |  |  | | --- | --- | |  | Offering blood pressure checks outside of traditional health settings. | |  | Engaging with communities to talk about blood pressure and understand any barriers that patients face when it comes to diagnosis or treatment. | |  | Working with communities to encourage healthy lifestyles or hypertension medication compliance. |  |  |  | | --- | --- | |  | **Please tick the box to confirm that you will be able to start your proposed activity within 3 months of receiving funds.** | |
| **3b. Please describe your proposed activity and what you’re hoping to achieve.** | *Please include detail below about your proposed activity. Please also explain what you think the benefits of doing this activity would be.* |
| **4. Please outline how much you expect this proposed activity will cost.** | *Please provide a rough guide of how much you think the activity will cost – this does not need to be a full breakdown at this point.* |