

Detailed specification of the Mentoring programme

This document serves only as a template for information for potential applicants. The form to be filled in is available online for download in the information system CEDR. For further information see chap. 2.13 Annexes to the application in the Guideline for Applicants.

Detailed specification of the Mentoring programme

Project Title	
Applicant Organization	

1. Fundamental client support areas:

Please confirm the commitment to include fundamental client support areas set as mandatory to the proposed Mentoring programme by filling in *yes* in the *Included in the project* column. Please further specify the fundamental client support areas in the *Description* field.

	Included in the project (yes/no)
Assistance in securing accommodation and other material needs	yes
<i>Description</i>	

Assistance in securing employment, acquiring / strengthening good working habits including acquiring new skills / qualifications or re-qualification	yes
<i>Description</i>	

Development of functional familial relations and other supportive social contacts	yes
--	-----

**Norway**

grants

<i>Description</i>	
--------------------	--

Assistance in resolving financial situation - income management, debt resolution etc.	yes
<i>Description</i>	

2. Additional client support areas

Please confirm the commitment to include at least 2 additional client support areas into the proposed Mentoring programme, by filling in *yes* in the *Included in the project* column. Please provide the name of the additional client support area and specify it further in the *Description* field. Additional client support areas may include, for example: development of social skills, re-socialization programmes focusing on specific areas, education programmes etc.

	Included in the project (yes/no)
The applicant organization commits itself to include at least two additional client support areas to the proposed Mentoring programme that will contribute to the successful re-integration of clients.	yes

Please provide the name of the area
<i>Description</i>

Please provide the name of the area
<i>Description</i>

Please provide the name of the area
<i>Description</i>

3. Territory of the Mentoring programme implementation

Select the prison/prisons in which you intend to implement the Mentoring programme (by stating yes for the selected prison/prisons in the *Implementation of the Mentoring programme in prison* column).

**Norway**

grants

Prisons	Implementation of the Mentoring programme in prison
České Budějovice	
Heřmanice	
Hradec Králové	
Jiřice	
Karviná	
Kynšperk nad Ohří	
Liberec	
Mírov	
Nové Sedlo – including Drahonice (sentenced women)	
Odolov	
Olomouc	
Opava (women prison)	
Oráčov	
Ostrov	
Plzeň	
Příbram	
Rapotice	
Světlá nad Sázavou	
Teplice	
Valdice	
Vinařice	
Všehrdy (also youth prisoners)	

All grant applications must be supported with the mandatory annex in the form of the cooperation commitment document, expressing the agreement with the implementation of the Mentoring programme, signed by the prison director of each of the selected prisons.

4. Frequency and the form of contact with clients

Please confirm the commitment to ensure the optimal frequency and the form of contact with incarcerated clients and clients after their release, confirm by filling in *yes* in the *Included in the project* column. Please specify the frequency and the form of contact with clients (frequency, contract, goals, plan etc.) in the *Description* field.

	Included in the project (yes/no)
The applicant organization commits itself to ensure the optimal frequency and the form of contact with incarcerated clients and clients after their release within the implementation of the Mentoring programme.	yes

Frequency and the form of contact with incarcerated clients	
<i>Description</i>	

Frequency and the form of contact with clients after their release	
<i>Description</i>	

5. Ensuring professional activities by a person qualified as a social worker according to § 110 Act No. 108/2006 Coll., on Social Services, as amended.

Please confirm the commitment that the professional activities in the Mentoring programme will be provided by a person qualified as a social worker according to § 110 Act No. 108/2006 Coll., on Social Services, as amended, by filling in *yes* in the *Included in the project* column.

	Included in the project (yes/no)
The applicant organization commits itself to ensure that the professional activities within the Mentoring programme will be provided by a person qualified as a social worker according to § 110 Act No. 108/2006 Coll., on Social Services, as amended.	yes

**Norway**

grants

6. Solemn Declaration

The applicant hereby declares that all the information included in this annex to the grant application is complete and true.

I am aware of the legal consequences that may result from false or incomplete information. I also confirm with my signature below that I have become acquainted in detail with the conditions for funding stated in the Open Call and the Guideline for Applicants.

<i>Name and Surname</i>	<i>Date</i>	<i>Signature of the statutory representative or of the authorized person</i>