

For office use only

Org Ref No.

Date entered on database

DATA PROTECTION STATEMENT

Only information on this page will display on www.communitiestogether.org.uk and/or be shared with statutory partners or other voluntary and community sector organisations. If you do not want personal details (eg. home address) to be shared or put on the website indicate in the pink boxes the fields you wish to keep private. Information on all other pages of this form may be used by SCIO partners for registration, mapping and case-recording purposes. Any information shared will be in accordance with the Data Protection Act 1998. If you require further details, wish to check, change, withhold or delete any information, contact Julie Tibbitts on 01283 543414 or email julie@escvs.org.uk

ORGANISATION CONTACT DETAILS

Mark the corresponding box with a cross if you **DO NOT** want info from that field to display on the web or be shared

Organisation Name	<input type="text"/>	<input type="checkbox"/>
Address	<input type="text"/>	<input type="checkbox"/>
Town	<input type="text"/>	<input type="checkbox"/>
County	<input type="text"/>	<input type="checkbox"/>
Postcode	<input type="text"/>	
Tel	<input type="text"/>	<input type="checkbox"/>
Email	<input type="text"/>	<input type="checkbox"/>
Website	<input type="text"/>	
Helpline	<input type="text"/>	<input type="checkbox"/>

Describe your activities/aim and any referral criteria if applicable. If you charge for services please include details

Opening Times	Meeting Place
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Details of adaptations to premises for people with individual needs	
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ABOUT YOUR ORGANISATION

Are you (Tick all that apply):

Registered Charity	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Charity No.	<input type="text"/>
Registered Company	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Company No.	<input type="text"/>
Village Hall	<input type="checkbox"/>	Social Enterprise <input type="checkbox"/>	Community Interest Co.	<input type="checkbox"/>
			Other	<input type="text"/>

If you use premises, tick as appropriate

Own Premises	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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WORKING TOWARDS GOOD PRACTICE

Tick all the policies that you have in place:

Child/Vul Adults Protection <input type="checkbox"/>	Data Protection <input type="checkbox"/>	Health & Safety <input type="checkbox"/>
Complaints <input type="checkbox"/>	Equal Opps/Diversity <input type="checkbox"/>	Volunteer <input type="checkbox"/>
Confidentiality <input type="checkbox"/>	Other - Please state	<input type="text"/>

Tick all the following that you currently have in place:

12 month Delivery Plan <input type="checkbox"/>	Insurance <input type="checkbox"/>
AGM <input type="checkbox"/>	Job Descriptions/Role Profiles <input type="checkbox"/>
Annual Report <input type="checkbox"/>	Longer Term Plan <input type="checkbox"/>
Bank Account - 2 signatories <input type="checkbox"/>	Mission Statement/Vision <input type="checkbox"/>
Board/Committee meetings schedule <input type="checkbox"/>	Record of Meeting Minutes <input type="checkbox"/>
Financial Plan/Budgets <input type="checkbox"/>	Staff Manual/Written procedures <input type="checkbox"/>
Financial Processes/Procedure <input type="checkbox"/>	Trustee Induction <input type="checkbox"/>
Governing documents eg Constitution, Mem. & Articles etc <input type="checkbox"/>	User Feedback Process <input type="checkbox"/>
Other - please specify <input type="text"/>	

What quality standards (if any) are you working towards or have achieved? Eg PQASSO, IIP, etc

YOUR FINANCIAL POSITION

State your total income last year or, if you don't know the figure, indicate into which band your income falls:

Total income	£ <input type="text"/>	
No income	<input type="checkbox"/>	£50,001 to £100,000 <input type="checkbox"/>
up to £1000	<input type="checkbox"/>	£100,001 to £250,000 <input type="checkbox"/>
£1,001 to £10,000	<input type="checkbox"/>	£250,001 to £500,000 <input type="checkbox"/>
£10,001 to £20,000	<input type="checkbox"/>	over £500,001 <input type="checkbox"/>
£20,001 to £50,000	<input type="checkbox"/>	

Where does your funding come from? (list funding sources)

ABOUT PEOPLE IN YOUR ORGANISATION

No. paid full time (equivalent) staff - amalgamate part time hours in this figure

No. Volunteers (excl. Trustees/Mgt Committee) Total combined weekly hours of volunteers

No. Trustee/Mgt Committee members Total combined weekly hours of members

Do any of your Trustees/Mgt Comm members use your service? Yes No

Beneficiaries

Approximate number of people who used your services last year

Tick all the geographical areas in which you provide a service. If multiple boxes are ticked, please indicate approximate volunteers numbers in each area

Cannock Chase	<input type="checkbox"/>	East Staffs	<input type="checkbox"/>	Lichfield District	<input type="checkbox"/>
Newcastle	<input type="checkbox"/>	South Staffs	<input type="checkbox"/>	Stafford District	<input type="checkbox"/>
Staffs Moorlands	<input type="checkbox"/>	Stoke-on-Trent	<input type="checkbox"/>	Tamworth	<input type="checkbox"/>

ABOUT THE SERVICES YOU PROVIDE

Please indicate under which heading the main focus of your activities falls (tick no more than 4)

Abuse & survivor (inc DV) support	<input type="checkbox"/>	Education/training/employment	<input type="checkbox"/>
Advice/information/advocacy/legal	<input type="checkbox"/>	Environment/green spaces	<input type="checkbox"/>
Alcohol/substance misuse/behaviour addiction	<input type="checkbox"/>	Faith based	<input type="checkbox"/>
Animal welfare	<input type="checkbox"/>	Heath/social welfare	<input type="checkbox"/>
Arts, culture & heritage	<input type="checkbox"/>	Housing/homelessness	<input type="checkbox"/>
Bereavement services	<input type="checkbox"/>	Independent living	<input type="checkbox"/>
Carer support	<input type="checkbox"/>	Mentoring	<input type="checkbox"/>
Childcare & parenting	<input type="checkbox"/>	Sport/leisure/healthy living	<input type="checkbox"/>
Comm forums/resident assoc/ neighbour care	<input type="checkbox"/>	Teenage pregnancy	<input type="checkbox"/>
Counselling/mediation	<input type="checkbox"/>	Transport	<input type="checkbox"/>
Crime/prevention/com safety/Yth justice system	<input type="checkbox"/>	Venue/equipment hire/supply	<input type="checkbox"/>
Disability services	<input type="checkbox"/>	Youth activities	<input type="checkbox"/>

Other - please state

Please indicate whom your services are primarily aimed at

Children 0 - 4	<input type="checkbox"/>	Minority ethnic groups	<input type="checkbox"/>
Children 5 - 12	<input type="checkbox"/>	People living in rural areas	<input type="checkbox"/>
Young People 13 - 19	<input type="checkbox"/>	People with a learning disability	<input type="checkbox"/>
Young People 20 - 25	<input type="checkbox"/>	People suffering from mental distress	<input type="checkbox"/>
Adults 26 - 49	<input type="checkbox"/>	People with a physical disability	<input type="checkbox"/>
Adults 50 - 64	<input type="checkbox"/>	People with sensory impairment	<input type="checkbox"/>
Adults 65+	<input type="checkbox"/>	People with a lifelong limiting illness	<input type="checkbox"/>
Asylum seekers/refugees	<input type="checkbox"/>	Prisoners/ex-Offenders	<input type="checkbox"/>
Gay/Lesbian/Bisexual/transgender	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>
Immigrants	<input type="checkbox"/>	Women only	<input type="checkbox"/>
Men only	<input type="checkbox"/>	Other - please state	<input type="text"/>

CONTACT DETAILS

Please give details of any relevant contacts in your organisation. If possible give details of your Chairperson or a Trustee in this section. These details will **NOT** be published on our website

Main Contact:

Name	<input type="text"/>	Position	<input type="text"/>
Address	<input type="text"/>		
Town	<input type="text"/>	County	<input type="text"/>
Postcode	<input type="text"/>	Mobile	<input type="text"/>
Tel. No.	<input type="text"/>	E-mail	<input type="text"/>

Second Contact:

Name	<input type="text"/>	Position	<input type="text"/>
Address	<input type="text"/>		
Town	<input type="text"/>	County	<input type="text"/>
Postcode	<input type="text"/>	Mobile	<input type="text"/>
Tel. No.	<input type="text"/>	E-mail	<input type="text"/>

Signed by:	<input type="text"/>	Date:	<input type="text"/>
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Thank you for taking time to complete this form