

SCIO VCS Profile Form



DATA PROTECTION STATEMENT

Only information on this page will display on www.communitiestogether.org.uk and/or be shared with statutory partners or other third sector organisations. If you do not want personal details (eg. home address) to be shared or put on the website indicate in the boxes below the fields you wish to keep private. Information provided 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. Should 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"/>	<input type="checkbox"/>
Tel	<input type="text"/>	<input type="checkbox"/>
Email	<input type="text"/>	<input type="checkbox"/>
Website	<input type="text"/>	<input type="checkbox"/>
Helpline	<input type="text"/>	<input type="checkbox"/>

Describe your activities/aim

Referral Criteria (if applicable)

Cost of Services (if applicable)

Opening Times

**Meeting
Place**

**Details of adaptations
to premises for people
with special needs**

ABOUT YOUR ORGANISATION

If you use premises, tick as appropriate

Own Premises Hired room School Leased/rented Church

Are you (Tick all that apply):

Registered Charity Yes No Charity No.
 Registered Company Yes No Company No.
 Voluntary organisation Community Group Faith Organisation
 Parish Council Village Hall Industrial & Provident Society
 Social Enterprise Community Interest Co. Other (please state)

Into which Local Area Agreement Strand does your organisation fit? (Tick all that apply)

Economic Development & Enterprise Sustainable Development Safer & Stronger Communities
 Healthier Communities & Older People Children & Young People

WORKING TOWARDS GOOD PRACTICE

Tick all the policies that you have in place:

Equal Opps/Diversity Child &/or Vul adults Protection Health & Safety
 Data Protection Confidentiality Complaints
 Volunteer Other - Please state

Tick all the following that you currently have in place:

Governing documents eg Constitution, Mem. & Articles etc ICT Plan
 Mission Statement/Vision Financial Processes/Procedures
 Trustee Induction Bank Account - 2 signatories
 Board/Committee meetings schedule Insurance
 Record of Meeting Minutes Staff Contracts
 AGM Job Descriptions/Role Profiles
 Annual Report Staff Manual/Written procedures
 12 month delivery Plan Staff Appraisal & Development
 Longer Term Plan User Feedback Process
 Financial Plan/Budgets Monitoring and Evaluation
 Other - please specify Computer Back Up Procedure

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

YOUR FINANCIAL POSITION

If known, state your total income last year or, otherwise indicate into which band your income falls:

Total income

£

OR

No income

up to £1000

£1,001 to £10,000

£10,001 to £20,000

£20,001 to £50,000

£50,001 to £100,000

£100,001 to £250,000

£250,001 to £500,000

over £500,001

Value of Contract/SLA funding from County Council (if known)

£

Value of Contract/SLA funding from District/Borough/Parish Council (if known)

£

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 Committee members use your services?

Yes

No

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

East Staffs

Lichfield District

Newcastle

South Staffs

Stafford District

Staffs Moorlands

Stoke-on-Trent

Tamworth

Beneficiaries

Approximate number of people who used your services last year

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"/>	Funding/Fundraising/Trading	<input type="checkbox"/>
Advice/Information/Advocacy/Legal	<input type="checkbox"/>	Health/Social Welfare	<input type="checkbox"/>
Alcohol/Substance misuse/Behaviour addiction	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
Animal Welfare	<input type="checkbox"/>	Housing/Homelessness	<input type="checkbox"/>
Anti-Social Behaviour/Yth Justice System	<input type="checkbox"/>	Independent living	<input type="checkbox"/>
Arts, Culture & Heritage	<input type="checkbox"/>	Education/Training/Employment	<input type="checkbox"/>
Bereavement Services	<input type="checkbox"/>	Mentoring	<input type="checkbox"/>
Carer Support	<input type="checkbox"/>	Obesity	<input type="checkbox"/>
Childcare & Parenting	<input type="checkbox"/>	Rehabilitation	<input type="checkbox"/>
Community Development/ Vol Sector support	<input type="checkbox"/>	Smoking cessation	<input type="checkbox"/>
Comm forums/Resident Assoc/ Neighbour care	<input type="checkbox"/>	Sport/Leisure/Healthy living	<input type="checkbox"/>
Counselling/Mediation	<input type="checkbox"/>	Teenage pregnancy	<input type="checkbox"/>
Crime/Crime prevention/Community safety	<input type="checkbox"/>	Transport	<input type="checkbox"/>
Disability Services	<input type="checkbox"/>	Venue/Equipment hire/supply	<input type="checkbox"/>
Environment/Green spaces	<input type="checkbox"/>	Youth activities	<input type="checkbox"/>
Faith based	<input type="checkbox"/>	Other - please state	<input type="text"/>

Please indicate who your services are primarily aimed at

Asylum seekers/Refugees	<input type="checkbox"/>	Immigrants	<input type="checkbox"/>
Children 0 - 4	<input type="checkbox"/>	Men only	<input type="checkbox"/>
Children 5 - 7	<input type="checkbox"/>	Minority ethnic groups	<input type="checkbox"/>
Children 8 - 10	<input type="checkbox"/>	People: living in rural areas	<input type="checkbox"/>
Children 11 - 12	<input type="checkbox"/>	People: physical/learning disabilities	<input type="checkbox"/>
Young People 13 - 19	<input type="checkbox"/>	People: mental health problems	<input type="checkbox"/>
Young People 20 - 25	<input type="checkbox"/>	People: sensory impairment	<input type="checkbox"/>
Adults 26 - 49	<input type="checkbox"/>	Prisoners/ex-Offenders	<input type="checkbox"/>
Adults 50 - 64	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>
Adults 65+	<input type="checkbox"/>	Women only	<input type="checkbox"/>
Gay/Lesbian/Bisexual/transgender	<input type="checkbox"/>	Other - please state	<input type="text"/>

CONTACT DETAILS

Please give details of any relevant contacts in your organisation. These details will **NOT** be published on our website. If possible one of these contacts should be your Chair Person.

First Contact:

Name	<input type="text"/>		
Position	<input type="text"/>		
Address	<input type="text"/>		
	<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"/>		
	<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"/>

Third Contact:

Name	<input type="text"/>		
Position	<input type="text"/>		
Address	<input type="text"/>		
	<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"/>

Thank you for taking time to complete this form