

SCIO VCS Profile Form



Entries in the Organisation Contact Details section will display on www.communitiestogether.org.uk. If you **DO NOT** want personal information (eg a home address) on the website tick here and indicate the fields you **DO NOT** want to display:

ORGANISATION CONTACT DETAILS

Organisation Name	<input type="text"/>	Tel	<input type="text"/>
Address 1	<input type="text"/>	Email	<input type="text"/>
Address 2	<input type="text"/>	Fax	<input type="text"/>
Town	<input type="text"/>	Web	<input type="text"/>
County	<input type="text"/>	Helpline	<input type="text"/>
Postcode	<input type="text"/>		

Describe your activities/aim

(Continue on back of form if req'd)

Accessibility Information

Opening Times

Meeting Place

ABOUT YOUR ORGANISATION

If you use premises, tick as appropriate

Own Premises Occ. Room Hire School Leased/rented

Are you (Tick all that apply):

Registered Charity	<input type="checkbox"/>	Charity No.	<input type="text"/>
Company Limited by Guarantee	<input type="checkbox"/>	Company No.	<input type="text"/>
Voluntary	<input type="checkbox"/>	Community	<input type="checkbox"/>
Friendly Society	<input type="checkbox"/>	Unincorporated	<input type="checkbox"/>
Social Enterprise	<input type="checkbox"/>	Parish Council	<input type="checkbox"/>
Village Hall	<input type="checkbox"/>	Faith Organisation	<input type="checkbox"/>
		Industrial & Provident	<input type="checkbox"/>
		Community Interest Co.	<input type="checkbox"/>

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

A Vibrant, Prosperous & Sustainable Economy	<input type="checkbox"/>	Protected, Enhanced & Respected Environment	<input type="checkbox"/>	Safe, Strong & Cohesive Communities	<input type="checkbox"/>
Improved Health & Sense of Wellbeing	<input type="checkbox"/>	Children & Young People	<input type="checkbox"/>		

WORKING TOWARDS GOOD PRACTICE

Tick all the policies that you have in place:

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

Tick all the following that you currently have in place:

Governing documents eg Constitution, Mem. & Articles etc	<input type="checkbox"/>	Financial Processes/Procedures	<input type="checkbox"/>
Mission Statement/Vision	<input type="checkbox"/>	Bank Account - 2 signatories	<input type="checkbox"/>
Trustee Induction	<input type="checkbox"/>	Insurance	<input type="checkbox"/>
AGM and/or Annual Report	<input type="checkbox"/>	Staff Contracts	<input type="checkbox"/>
Board/Committee meetings schedule	<input type="checkbox"/>	Job Descriptions/Role Profiles	<input type="checkbox"/>
Record of Meeting Minutes	<input type="checkbox"/>	Staff Manual/Written procedures	<input type="checkbox"/>
Annual Operation Plan	<input type="checkbox"/>	Staff Appraisal & Development	<input type="checkbox"/>
Business Plan	<input type="checkbox"/>	User Feedback Process	<input type="checkbox"/>
Strategic Plan	<input type="checkbox"/>	Monitoring and Evaluation	<input type="checkbox"/>
Organisational Chart	<input type="checkbox"/>	ICT Strategic Plan	<input type="checkbox"/>
Strategic Financial Plan/Budgets	<input type="checkbox"/>	Computer Back Up Procedure	<input type="checkbox"/>
Other - please specify	<input type="text"/>	Volunteer Good Practice	<input type="checkbox"/>

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

YOUR FINANCIAL POSITION

Total Income Last Year	£ <input type="text"/>	How much of this is: Grants	£ <input type="text"/>
		Contracts/SLA's	£ <input type="text"/>
		Self-Generated	£ <input type="text"/>
		Other	£ <input type="text"/>
Value of Contract/SLA funding from County Council			£ <input type="text"/>
Value of Contract/SLA funding from District/Borough/Parish Council			£ <input type="text"/>

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

ABOUT PEOPLE IN YOUR ORGANISATION

No. paid full time staff No. paid part time Total weekly hours of part time staff

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

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

Are any of these members service users? 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

Newcastle South Staffs Stafford

Staffs Moorlands Stoke-on-Trent Tamworth

Other (please specify)

Beneficiaries

Approximate number of people who benefited from your services last year

TRAINING - Please give details of any training needs identified within your organisation

ABOUT THE SERVICES YOU PROVIDE

Please indicate under which category the service you offer falls (tick all that apply)

Abuse & Survivor Services	<input type="checkbox"/>	Environmental	<input type="checkbox"/>
Advice, Information or Signposting	<input type="checkbox"/>	Equality and Equal Access	<input type="checkbox"/>
Advocacy	<input type="checkbox"/>	Events/Outings/Activities	<input type="checkbox"/>
Alcohol/Substance Misuse	<input type="checkbox"/>	Funding, Finance or Fundraising	<input type="checkbox"/>
Animal Welfare	<input type="checkbox"/>	Health & Social Care	<input type="checkbox"/>
Anti-Social Behaviour/Yth Justice System	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
Arts, Culture & Heritage	<input type="checkbox"/>	Housing/Homelessness	<input type="checkbox"/>
Befriending	<input type="checkbox"/>	ICT/Computer Technology	<input type="checkbox"/>
Bereavement Services	<input type="checkbox"/>	Immigration/Asylum Seekers/Refugees	<input type="checkbox"/>
Childcare and Parenting	<input type="checkbox"/>	Independent Living	<input type="checkbox"/>
Community Development	<input type="checkbox"/>	Law & Rights	<input type="checkbox"/>
Conflict Resolution	<input type="checkbox"/>	Leisure, Sport & Healthy Living	<input type="checkbox"/>
Counselling	<input type="checkbox"/>	Mediation	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/>	Mentoring	<input type="checkbox"/>
Education & Training	<input type="checkbox"/>	Neighbourly Care	<input type="checkbox"/>
Employment	<input type="checkbox"/>	News/Media/Marketing/Campaigning	<input type="checkbox"/>

Obesity	<input type="checkbox"/>	Teenage Pregnancy	<input type="checkbox"/>
Parks & Open Spaces	<input type="checkbox"/>	Translation/Interpretation	<input type="checkbox"/>
Rehabilitation	<input type="checkbox"/>	Transport	<input type="checkbox"/>
Respite & Sitting	<input type="checkbox"/>	Venue/Equipment Hire/Supply	<input type="checkbox"/>
Religious Activities	<input type="checkbox"/>	Welfare Rights	<input type="checkbox"/>
Retail/Trade/Shop	<input type="checkbox"/>	Youth Activities	<input type="checkbox"/>
Smoking Cessation	<input type="checkbox"/>		
Other services (which?)	<input type="checkbox"/>		

Please indicate who you provide your services for (tick all that apply)

People of all ages	<input type="checkbox"/>	Animals	<input type="checkbox"/>
Children 0 - 4	<input type="checkbox"/>	Asylum seekers/refugees	<input type="checkbox"/>
Children aged 5 - 7	<input type="checkbox"/>	Carers	<input type="checkbox"/>
Children aged 8 - 10	<input type="checkbox"/>	Gay/Lesbian/Bisexual people	<input type="checkbox"/>
Children aged 11 - 12	<input type="checkbox"/>	Economically disadvantaged	<input type="checkbox"/>
Young People 13 - 19	<input type="checkbox"/>	Homeless people	<input type="checkbox"/>
Young People 20 - 25	<input type="checkbox"/>	Immigrants	<input type="checkbox"/>
Adults aged 26 - 64	<input type="checkbox"/>	Men only	<input type="checkbox"/>
Adults aged 65+	<input type="checkbox"/>	Minority ethnic groups	<input type="checkbox"/>
People in need of Basic Skills	<input type="checkbox"/>	Parents & Families	<input type="checkbox"/>
People leaving care	<input type="checkbox"/>	Prisoners/ex-Offenders	<input type="checkbox"/>
People with a learning disability	<input type="checkbox"/>	Residents/tenants	<input type="checkbox"/>
People with sensory impairment	<input type="checkbox"/>	Substance Misusers/addicts	<input type="checkbox"/>
People with terminal illness	<input type="checkbox"/>	Travellers	<input type="checkbox"/>
People with HIV/AIDS	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>
People living in deprived areas	<input type="checkbox"/>	Victims of crime	<input type="checkbox"/>
People with mental health problems	<input type="checkbox"/>	Victims/survivors of physical/sexual/ emotional violence	<input type="checkbox"/>
People with a physical disability	<input type="checkbox"/>	Women only	<input type="checkbox"/>
People from religious or faith groups	<input type="checkbox"/>		
Other (please specify)	<input type="checkbox"/>		

Please indicate which ethnic groups the majority of your service users/customers are from

People from all ethnic groups	<input type="checkbox"/>	Asian or Asian British: Pakistani	<input type="checkbox"/>
White British	<input type="checkbox"/>	Asian or Asian British: Bangladeshi	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Asian or Asian British: Other	<input type="checkbox"/>
White Other	<input type="checkbox"/>	Mixed: White & Black Caribbean	<input type="checkbox"/>
Black or Black British: Caribbean	<input type="checkbox"/>	Mixed: White & Black African	<input type="checkbox"/>
Black or Black British: African	<input type="checkbox"/>	Mixed: White & Asian	<input type="checkbox"/>
Black or Black British: Other	<input type="checkbox"/>	Mixed: Other	<input type="checkbox"/>
Asian or Asian British: Indian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Other ethnic group (please state)	<input type="text"/>		

MEMBERSHIP

If you are a member of one (or more) SCIO Partners tick as appropriate.

Chase CVS	<input type="checkbox"/>	Stafford District VS	<input type="checkbox"/>
Community Action & Support East Staffs	<input type="checkbox"/>	SCVYS	<input type="checkbox"/>
Comm. Council of Staffordshire	<input type="checkbox"/>	Staffs Moorlands CVS	<input type="checkbox"/>
East Staffs Racial Equality Council	<input type="checkbox"/>	Tamworth CVS	<input type="checkbox"/>
Lichfield & District CVS	<input type="checkbox"/>	The Saltbox	<input type="checkbox"/>
Newcastle CVS	<input type="checkbox"/>	UAACO	<input type="checkbox"/>
South Staffs CVS	<input type="checkbox"/>		

Are there any additional services you think this/these partner(s) should be providing?

CONTACT DETAILS

Please state contact details for individuals within your organisation. These details will not be published on our website.

If you have more than one contact, please continue overleaf

Name	<input type="text"/>	Position	<input type="text"/>
Address 1	<input type="text"/>	Tel.	<input type="text"/>
Address 2	<input type="text"/>	Mobile	<input type="text"/>
Town	<input type="text"/>	E-mail	<input type="text"/>
County	<input type="text"/>		
Post Code	<input type="text"/>		

DATA PROTECTION

The information provided on this form may be used by the 13 SCIO partners for registration, mapping and case-recording purposes. Unless you have withheld permission (on page 1) the information provided in the Organisation Contact Details box will display on www.communitiestogether.org.uk. 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, please contact Julie Tibbitts on 01283 543414 or email julie@cases-vol.org.uk

Continuation Sheet (for any additional information)

