

Register

Your Organisation



1 Name of Organisation

Name of Department or Project (if applicable)

Address Line One

Address Line Two

Town Postcode

Main/Generic e-mail (for the public)

Website

Telephone

2 Main Contact Person

Position

E-mail

Telephone

3 Please describe what your organisation does (approx. 50 - 60 words).
This information will be used to provide details about your organisation to prospective volunteers and visitors to our website, so please be as clear and concise as possible.

4 Who funds your organisation?
The purpose of gathering this information is to collate sector-wide data for statistical reporting. Select as many as appropriate.

receive funding from	approx %
<input type="checkbox"/> Business Sector	<input type="text"/>
<input type="checkbox"/> Earned Income	<input type="text"/>
<input type="checkbox"/> Scottish Government	<input type="text"/>
<input type="checkbox"/> UK Government	<input type="text"/>
<input type="checkbox"/> Health Board	<input type="text"/>
<input type="checkbox"/> Charitable Trusts	<input type="text"/>
<input type="checkbox"/> European Money	<input type="text"/>
<input type="checkbox"/> Local Authority	<input type="text"/>
<input type="checkbox"/> Donations	<input type="text"/>
<input type="checkbox"/> Lottery including Creative Scotland, sportscotland	<input type="text"/>
<input type="checkbox"/> Other please specify	<input type="text"/>
<input type="text"/>	

5

What is your organisation's approximate income/ expenditure?

This is for our records **only** and **WILL NOT BE SHARED**.

Income £

Expenditure £

In which month is your financial year end?

6

Which of the following best describes the people you **specifically** work with?

This will allow us to accurately categorise your organisation. Select as many as appropriate.

- Addictions
- Advice/Information
- Advocacy
- Animal Welfare
- Arts & Culture
- Befriending/Mentoring
- Black/Minority Ethnic
- Campaigning/Lobbying
- Carers
- Charity Shop
- Child Services
- Community Council
- Community Development
- Community Facilities
- Community Forum
- Community Safety
- Community Transport
- Counselling
- Credit Union/Community Banking
- Drug/Alcohol Issues
- Education/Learning/Training
- Emergency Response/Disaster Relief

- Employment
- Equality
- Faith/Religion/Belief
- Family Support
- Fundraising/Funding
- Health
- Helplines
- Housing Association
- Housing/Homeless
- Law & Justice
- Learning Disability
- Men
- Mental Health
- Offenders/Ex-Offenders
- Older People
- Overseas Aid/Developing World
- Physical Disability
- Poverty
- Refugees/Asylum Seekers
- Self Help/Support
- Sensory Impairment
- Sexuality
- Single Parent
- Social Care
- Social Economy/Social Enterprise
- Sport/Leisure/Recreation
- Volunteering
- Women
- Young People

7 Which best describes the area your organisation covers?
Select one only.

- East Fife
- West Fife
- Central Fife
- Fife Wide
- More than one local authority
- Scotland
- UK

If your organisation concentrates on a specific locality please specify.
e.g. Cowdenbeath, Glenrothes, Kirkcaldy, Dunfermline, Levenmouth etc.

8 Please indicate whether your organisation works with individuals, organisations or both.

- Individuals
- Organisations
- Both

9 Numbers of paid employees

Full time Part time (less than 30hrs)

10 Does your organisation involve volunteers in service delivery other than board/committee members?

Yes No

If yes, how many?

11 Number of board/committee members

12 How many hours on average, per month, do all volunteers (including board/committee members) contribute to the work of your organisation?

13 OSCR charity number (if applicable)

14 What is your legal structure?

- Company
- Trust
- Unincorporated Association/Community Group
- Community Interest Company
- SCIO
- Industrial and Provident Society
- Not sure
- Other

15 Does your organisation have any other offices/branches in Fife or Scotland?

Yes No

Are you a branch of a larger organisation? Yes No

Do you have branches? Yes No

Declaration

Please ensure that the information provided is as accurate and complete as possible.
This reduces the likelihood of further questionnaires being required in future.

Your Name

Your Position in the Organisation

Date

Now that you have completed this form please return to scott@fifevoluntaryaction.org.uk

Thank You

