

Placement Organisation Registration Form

1.

Name of Organisation:	
Name of Department or Project (if applicable):	
Address:	
	Postcode:
Telephone:	Fax:
Main e-mail:	Website:

2.

Main Contact Person: Details of the person who would be your preferred first point of contact for Volunteer Centre. Please indicate if you do not wish us to pass these details on to prospective volunteers – e.g. if this is a home address.	
Main Contact Person:	Position:
Tel No:	Mobile:
E-mail:	
Can we provide prospective volunteers with your contact details? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

3.

Other Contacts - please give details of any other people you feel it would be appropriate for us to record. Tick Receive Bulletin if this contact would like to receive regular email information bulletins from us.	
Name:	Position:
Telephone No:	E-mail:
Name:	Position:
Telephone No:	E-mail:
Name:	Position:
Telephone No:	E-mail:

4. Please describe the aims of your organisation (approx 50-60 words). This information will be used to provide details about your organisation to prospective volunteers so please be as clear and concise as possible:

5. What type of organisation are you? This information is for our monitoring purposes and will help us to provide you with information and support that is relevant to your organisation. **Select one only.**

<input type="checkbox"/>	Local voluntary/community group with volunteers only
<input type="checkbox"/>	Local voluntary/community group with paid staff and volunteers
<input type="checkbox"/>	National voluntary organisation/part of national voluntary organisation
<input type="checkbox"/>	Local authority/part of the local authority
<input type="checkbox"/>	NHS/part of the NHS
<input type="checkbox"/>	Other

6. Which of the following best describes your organisation's main work? This will allow us to accurately categorise your organisation. **Select as many as appropriate.**

<input type="checkbox"/>	Advice Work	<input type="checkbox"/>	Homeless/Housing
<input type="checkbox"/>	Animals	<input type="checkbox"/>	Human/Civil Rights/Justice
<input type="checkbox"/>	Anti Poverty Work	<input type="checkbox"/>	Intergenerational Issues
<input type="checkbox"/>	Arts (music/drama/crafts)	<input type="checkbox"/>	Learning Disabilities
<input type="checkbox"/>	Carers	<input type="checkbox"/>	Men's Groups
<input type="checkbox"/>	Children	<input type="checkbox"/>	Mental Health
<input type="checkbox"/>	Community Work	<input type="checkbox"/>	Museums/Galleries/Heritage
<input type="checkbox"/>	Counselling/Listening	<input type="checkbox"/>	Older People
<input type="checkbox"/>	Offenders/Ex-offenders	<input type="checkbox"/>	Overseas Aid/Developing World
<input type="checkbox"/>	Crime/Safety	<input type="checkbox"/>	Physical disabilities
<input type="checkbox"/>	Disaster/Emergencies	<input type="checkbox"/>	Political/Social Awareness
<input type="checkbox"/>	Drugs/Alcohol Issues	<input type="checkbox"/>	Refugees/Asylum Seekers
<input type="checkbox"/>	Education/Literacy	<input type="checkbox"/>	Religion/Faith
<input type="checkbox"/>	Environment	<input type="checkbox"/>	Sensory Impairment
<input type="checkbox"/>	Ethnic Minorities	<input type="checkbox"/>	Sport/Outdoor Activities
<input type="checkbox"/>	Families	<input type="checkbox"/>	Tackling Unemployment
<input type="checkbox"/>	Gender/Sexuality	<input type="checkbox"/>	Women's Groups
<input type="checkbox"/>	Head Injury	<input type="checkbox"/>	Young People
<input type="checkbox"/>	Health/Hospitals/Hospices	<input type="checkbox"/>	

7. Who funds your organisation? This information helps us monitor our service for funding/campaigning purposes. **Select as many as appropriate.**

<input type="checkbox"/>	Business Sector	<input type="checkbox"/>	Health (Boards/Trusts etc)
<input type="checkbox"/>	Central Government – Westminster	<input type="checkbox"/>	Local Council
<input type="checkbox"/>	Charitable Trusts	<input type="checkbox"/>	Local Strategic Partnership Board
<input type="checkbox"/>	Communities Safety Partnerships	<input type="checkbox"/>	Lottery Boards (Community Fund etc)
<input type="checkbox"/>	Donations	<input type="checkbox"/>	NI Government Department
<input type="checkbox"/>	Earned Income	<input type="checkbox"/>	Other European Money
<input type="checkbox"/>	Other		

8. What is your organisation's average yearly income? This information helps us monitor our service for funding/campaigning purposes. **Select one only.**

<input type="checkbox"/>	Up to £1,000	<input type="checkbox"/>	£25,001- £100,000
<input type="checkbox"/>	£1,001 to £25,000	<input type="checkbox"/>	£100,001 and over

9. Please describe why your organisation involves volunteers in its work. E.g. because of the values of your organisation, because it believes involving volunteers connects it to the community it serves etc

10. Please describe any other methods your organisation uses to recruit volunteers. E.g. advertising, talks, promotional events.

11. Are volunteers in your organisation covered by the following?

	Yes	No
Equal Opportunities Policy	<input type="checkbox"/>	<input type="checkbox"/>
Health & Safety Policy	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer Policy	<input type="checkbox"/>	<input type="checkbox"/>
Public Liability Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Child Protection Policy	<input type="checkbox"/>	<input type="checkbox"/>

If No, please let us know if you would like further information

12. How did you hear about the Volunteer Centre?

13. Is your organisation registered under Data Protection Act?

Yes No, but would like further details

14. Does your organisation have volunteering publicity materials?

Yes No

15. Can this material be made available in Braille/ audio/ large print?

Yes No, but would like further details

16. Can this material be made available in other languages?

Yes No, but would like further details

17. Does your organisation want to be added to our mailing list?

Yes No

18. If your organisation has any other offices/ branches in please give address & contact details:

Branch Name:	Branch Name:
Address	Address:
Telephone No:	Telephone No:

I confirm the information provided is, to the best of my knowledge, correct.

Signed: _____

Dated: _____

Thank you for completing the form, your information will be added to our mailing list. Please keep a copy of this form for your own records.

The information you have provided will be used for the purpose of volunteer recruitment and management and to produce statistical reports.

Cookstown & Magherafelt Volunteer Centre

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