

INTERFACE: CEMVO's Capacitybuilders Project

Registration Form

Please note that all information provided on this form will be treated as strictly confidential.

| | |
|---|---|
| NAME OF YOUR ORGANISATION : | |
| Organisational Details | Contact Details |
| Address: | Title: |
| | First name: |
| | Surname: |
| Post Code: | Position held in the group: |
| Tel: Mobile: | Tel – Day: Evening: |
| Email: | Email : |
| Fax: | |
| Website: | |
| Is the above address (tick one box only)? your office <input type="checkbox"/> Home address <input type="checkbox"/> Other | |

| | |
|--|--|
| Type of organisation | |
| <input type="checkbox"/> Community organisation | <input type="checkbox"/> Voluntary organisation |
| <input type="checkbox"/> Faith organisation | <input type="checkbox"/> BME organisation |
| <input type="checkbox"/> Charity ; please furnish your charity number | |
| Others please state | |

| |
|---|
| Please state the geographical location(s) of your organisation |
| Local Authority: |
| City/County: |
| Government office/Region: |

| Type of organisation | |
|---|--|
| <u>ASIAN OR ASIAN BRITISH</u> | <u>BLACK OR BLACK BRITISH</u> |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> African |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Caribbean |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Other Black |
| <input type="checkbox"/> Other Asian | |
| | |
| <u>DUAL ETHNICITY</u> | <u>WHITE</u> |
| <input type="checkbox"/> Asian and White | <input type="checkbox"/> British |
| <input type="checkbox"/> Black African and White | <input type="checkbox"/> Irish |
| <input type="checkbox"/> Black Caribbean and White | <input type="checkbox"/> European |
| <input type="checkbox"/> Other dual ethnicity | <input type="checkbox"/> Other White |

| If you wish to describe your main beneficiaries' ethnic origin in another way, please do so below, | | |
|--|---|--|
| <input type="checkbox"/> Advice/Advocacy | <input type="checkbox"/> Refugees/Migrants | <input type="checkbox"/> Research |
| <input type="checkbox"/> Children/Young people | <input type="checkbox"/> Health & Social care | <input type="checkbox"/> Community development |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Disabled people | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Women | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Neighbourhood Renewal/Regeneration |
| <input type="checkbox"/> Others | | |

| Do you have any Quality Assurance System(s) in place? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|
| If yes, please state which one, <input type="checkbox"/> QM <input type="checkbox"/> IiP <input type="checkbox"/> PQASSO <input type="checkbox"/> Matrix <input type="checkbox"/> OISC <input type="checkbox"/> Others |

| What is your annual turnover? |
|---|
| <input type="checkbox"/> Less than £100,000 <input type="checkbox"/> £100,000 to £500,000 <input type="checkbox"/> More than £500,000 |

| How many of the following do you have in place? |
|--|
| Full time paid staff Part time staff Volunteers |

Are you receiving any other development support at the moment? Yes No

If yes, please give details:

| | |
|------------------|------------------|
| Name: | Position: |
| Signature: | Date: 02/08/2007 |

Thank you for filling in this questionnaire
