

Organisation Registration Form

Section 1 – About Your Organisation

Name of Organisation

E-mail Address

Name of Project *(if different from above)*

Website

Address

postcode

Main Contact Person

Job Title

Describe the aims of your organisation *(max 50 words)*

Telephone Number

Client Group:

Which of the following best describes your organisation's main focus? Select as many as appropriate.

- | | | |
|--|---|--|
| <input type="checkbox"/> Animals | <input type="checkbox"/> Families | <input type="checkbox"/> Older People |
| <input type="checkbox"/> Anti Poverty Work | <input type="checkbox"/> Gender/Sexuality | <input type="checkbox"/> Overseas Aid/Developing World |
| <input type="checkbox"/> Animals Arts (music/drama/crafts) | <input type="checkbox"/> Health/Hospital/Hospic | <input type="checkbox"/> Physical Disabilities |
| <input type="checkbox"/> Carers | <input type="checkbox"/> Homeless/Housing | <input type="checkbox"/> Refugees/Asylum Seekers |
| <input type="checkbox"/> Crime/Safety | <input type="checkbox"/> Human/Civil/Rights/Justice | <input type="checkbox"/> Religion/Faith |
| <input type="checkbox"/> Disaster/Emergencies | <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Sensory Impairment |
| <input type="checkbox"/> Drugs/Alcohol issues | <input type="checkbox"/> Men's Groups | <input type="checkbox"/> Sport/Outdoor Activities |
| <input type="checkbox"/> Education/Literacy | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Tackling Unemployment |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Museums/Galleries/Heritage | <input type="checkbox"/> Women's Groups |
| <input type="checkbox"/> Ethnic Minorities | <input type="checkbox"/> Offenders/Ex-Offenders | <input type="checkbox"/> Young People |

continued overleaf

Section 2a – Policies and Procedures

Does your organisation have :-

	Yes	No
Equal Opportunities Policy	<input type="checkbox"/>	<input type="checkbox"/>
Health and Safety Policy	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer Policy	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Child Protection Policy	<input type="checkbox"/>	<input type="checkbox"/>
Public Liability Insurance	<input type="checkbox"/>	<input type="checkbox"/>

Is your organisation registered with the Central Registered Body in Scotland (CRBS)? Yes No
CRBS is the clearing-house for disclosures and PVG record updates for volunteers working with children and vulnerable adults.

Section 2b – Training and Support

What training and support do you provide for volunteers?

	Yes	No
Induction Training	<input type="checkbox"/>	<input type="checkbox"/>
Ongoing Training	<input type="checkbox"/>	<input type="checkbox"/>
Regular Support Sessions	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Named Supervisor/Line Manager	<input type="checkbox"/>	<input type="checkbox"/>
Reimburse Volunteer Expenses	<input type="checkbox"/>	<input type="checkbox"/>
Reimburse Childcare Costs	<input type="checkbox"/>	<input type="checkbox"/>

Are your premises fully accessible? Yes No

Section 3 – Young Volunteers

Does your organisation currently involve young volunteers? Yes No

If yes, how many? <10 10-25 25-50 >50

What is the minimum age at which you accept volunteers?

Does this apply to all volunteer opportunities? (i.e. is the minimum age dependant on volunteer role?) Yes No

Please state why your organisation has set this age restriction.

Signed

Date