



GVOC Membership Questionnaire

Please use **BLOCK CAPITALS**

Do you wish to be a **FULL** or **AFFILIATE** member?

INFORMATION TO BE KEPT ON GVOC COMMUNITY GROUP DATABASE

1. Name of Organisation:

Address of Organisation (including post code):

.....

Telephone Number(s):

E-mail:

(Unless you specify otherwise, GVOC will use this email address for regular updates and mailings)

Alternative E-mail address for mailings etc:

2a. Contact Person:

Surname:

First Name:

Position:

Email:

2b. Person nominated to vote at GVOC's AGM: (if different from above and only if full member)

Surname:

First Name:

Position:

Email:

3. What is the main focus of activity of the group? Please tick all that apply:

- | | | | |
|-----------------------------|--------------------------|---------------------------|--------------------------|
| Advice and Counselling | <input type="checkbox"/> | Employment | <input type="checkbox"/> |
| Arts and recreation | <input type="checkbox"/> | Environment | <input type="checkbox"/> |
| Asylum seekers and refugees | <input type="checkbox"/> | Ethnic and race relations | <input type="checkbox"/> |
| Business and professional | <input type="checkbox"/> | Fundraising | <input type="checkbox"/> |
| Children | <input type="checkbox"/> | Health | <input type="checkbox"/> |
| Community Association | <input type="checkbox"/> | Housing | <input type="checkbox"/> |
| Crime and prevention | <input type="checkbox"/> | Learning disability | <input type="checkbox"/> |
| Education and training | <input type="checkbox"/> | Media Projects | <input type="checkbox"/> |

- | | | | |
|--------------------------|--------------------------|----------------------|--------------------------|
| Older people | <input type="checkbox"/> | Under fives | <input type="checkbox"/> |
| Physical disability | <input type="checkbox"/> | Uniformed | <input type="checkbox"/> |
| Politics and campaigning | <input type="checkbox"/> | Volunteering schemes | <input type="checkbox"/> |
| Religion | <input type="checkbox"/> | Women | <input type="checkbox"/> |
| Social Welfare | <input type="checkbox"/> | Young people | <input type="checkbox"/> |
| Sport | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Tenants and residents | <input type="checkbox"/> | Please specify | |
| Transport | <input type="checkbox"/> | | |

Can you briefly describe the main focus of activity of the group?

.....

.....

4. Do you agree that the information in questions 1 - 3 be included in a GVOC Directory of Voluntary Organisations? (please note, this information is available to the public).

Yes No Partial (please specify):

5. Area served?

Please indicate which wards of Gateshead your organisation serves - if no specific ward, please indicate one of the areas from the list below:

Wards:

- | | | | |
|-------------------|--------------------------|-------------------|--------------------------|
| Gateshead Borough | <input type="checkbox"/> | East Gateshead | <input type="checkbox"/> |
| West Gateshead | <input type="checkbox"/> | Central Gateshead | <input type="checkbox"/> |
| Tyneside | <input type="checkbox"/> | Regional* | <input type="checkbox"/> |

* If Regional, what percentage of your work is Gateshead based _____

6. Do you agree that the information you have given be available on GVOC's website?

Yes No Partial (please specify):

.....

Additional information to be kept on GVOG Community Group Database

7. What is your group's legal status?

- Community or self-help group without a constitution
- Community or self-help group with a constitution
- Incorporated company limited by shares
- Incorporated company limited by guarantee
- Registered Charity – please give number:
- Other (please state):

You must forward a copy of your Constitution with your application - unless already provided. (GVOG can offer assistance in formulating a Constitution)

8. Funding

How is your group/organisation funded?
(ie grant, subscriptions, donations)

Where does this money usually come from?
(ie Local Authority, Trusts, Collections, Subscriptions, etc.)

.....
.....

9. Staffing

	Full Time	Part Time
Do you employ any staff? Numbers:

Do you have volunteers? Yes No

If yes, how many?

What kind of work do they do?

.....
.....

By signing this form you are agreeing to uphold Equality Legislation 2010.

(For more information on the Legislation please visit www.equalityhumanrights.com;
the Equality and Human Rights Commission)

Signed: Date:

GENERAL

Is there any particular help you would like from GVOC? (See the attached sheet for GVOC services):

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.....
.....

If you have any questions/difficulties arising from this questionnaire, please do not hesitate to contact us. Our office hours are Monday - Friday 8.45 am to 4.45 pm

Thank you for completing this questionnaire. Please return to:

Gateshead Voluntary Organisations Council
John Haswell House
8/9 Gladstone Terrace
Gateshead
NE8 4DY

Tel: (0191) 478 4103 Fax: 0870 705 8702
E-mail: enquiries@gvoc.org.uk

Data Protection Act 1998

The information supplied on this form may be held on computer and/or manual file(s). All information supplied by you is strictly confidential and will only be used by GVOC and its partners for monitoring and evaluation purposes.

OFFICE USE ONLY

Date of Management Committee meeting decision made:

Decision: FULL AFFILIATE DEFERRED

Any action required: (If less than 3 M/C members listed refer to Deputy Chief Executive) _____

Date group notified of decision: _____

Charity Commission database checked: _____