

**Database Form**

The information you give on this form will be displayed in two web directories of voluntary and community groups, [www.communitydirectoryderbyshire.org.uk](http://www.communitydirectoryderbyshire.org.uk) and on the Derbyshire Voluntary Action specialist health and social care directory accessed via [www.dva.org.uk](http://www.dva.org.uk)

Members of the public or public sector partners will then be able to contact you to find out more about your group. If you DO NOT wish some of your contact details to be made public in this way you can indicate this on the form.

**SECTION A: GENERAL ORGANISATION DETAILS**

**DATE COMPLETED:**

**ORGANISATION NAME**

|  |
| --- |
| Full name of your organisation |
|  |

This information is about the *main point of contact for your organisation*. For example, if you have an office, a website/email address and a central phone number, they should go here.

**Contact details for an individual person should go at the end of this form**. This is the information that people wanting to find out about your group should use to contact you directly. If you DO NOT wish information from any field to appear on the web directory put a cross (X) in the box next to that field.

|  |  |  |
| --- | --- | --- |
| **Organisation Details** | | **Not for web** |
| **Address** |  |  |
|  |
|  |
|  |
| **Postcode** |  |
| **Telephone** |  |  |
| **Work Mobile** |  |  |
| **Helpline** |  |  |
| **Email address** |  |  |
| **Alternative e-mail** |  |  |
| **Website** |  |  |
| **Twitter** |  |
| **Facebook** |  |

If you **do not** want **any** of the information in *Section B: About your work* to appear on the web directory, please tick here:

**SECTION B: ABOUT YOUR WORK**

|  |
| --- |
| **B1** What is the main **purpose** of your organisation? |
|  |

|  |
| --- |
| **B2** Please describe the **services/activities** you provide |
|  |

|  |
| --- |
| **B3** **When** are they available? (opening or meeting days and times) |
|  |

|  |
| --- |
| **B4 Where** do they take place? |
|  |

|  |
| --- |
| **B5 Accessibility:** Are your activities and services are accessible to disabled people (e.g. wheelchair accessible toilets, automatic doors, ramped entrance, materials in accessible formats) |
|  |

|  |
| --- |
| **B6 Cost:** Please give details of any charges you make for people using the service, or state if they are provided free of charge |
|  |

**B7 TYPE OF SERVICES**

What type of services/activities do you provide?

Please choose from **one** of the options below as your **primary** service/activity and write in the box below.

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Abuse and survivor support  Advice/information/advocacy/legal  Alcohol/ substance abuse/addiction  Animal welfare/wildlife  Armed forces/ex services  Arts/Crafts/Culture/Music  Befriending or mentoring  Bereavement  Campaigning/lobbying  Carer support  Charity shops  Children – Parenting & families  Childcare  Community buildings/Village halls  Community development  Community enterprise  Community transport  Conservation  Counselling/therapy  Crime – community safety  Disability support/access  Domestic violence  Education/training  Environment/climate change  Faith/religion  Finance provision (i.e. pensions/invest)  Funding advice  Health – Allergies  Health – Alzheimer’s disease  Health – Arthritis  Health – Cancer  Health – Eating  Health - General | Health – Heart  Health – HIV/AIDS  Health – Learning Disabilities  Health – Mental Health  Health – Palliative care  Health - Promotion  Health – Stroke  Heritage/history/museums  Housing or homelessness  Human rights/civil liberties/equalities  International issues/ overseas development  Leisure/recreation  Libraries  Mediation  Men  Neighbour/residents associations  Older people  Parish or town council  Press and Media  Research  Rural issues  Social care  Social groups/clubs  Social welfare rights/benefits  Sports/exercise  Unemployment  Voluntary sector support  Volunteering  Women  Young people’s groups/activities |

**B8 BENEFICIARIES**

|  |
| --- |
| **Anyone can use our services** |

**If your services are targeted at certain groups, please indicate which:**

|  |  |  |
| --- | --- | --- |
| **Age groups:**  Adults 26 - 49  Children 4 years and under  Children/young people aged 5-11  Children/young people aged 11-17  Continued ….. | | Young people aged 18-25  Older people 50+ |
| **Communities of interest:**  Asylum seekers or Refugees  Carers  Divorced and separated people  Families  Immigrants  Men only  Prisoners/ex-offenders | | Rural communities  Travelling communities  Sexuality (Lesbian/Gay/Bisexual)  Trans/Gender identity  Unemployed people  Voluntary/community groups  Women only |
| **Disability:**  People with hearing impairments  People with learning difficulties  People with mental health issues | People with physical disabilities  People with a specific illness/health condition  People with visual impairments | |

|  |  |
| --- | --- |
| **People of a particular racial or ethnic group:** | |
| **Are more than 50% of your service users from ethnic backgrounds other than White British:**  (please tick) | |
| *Asian*  Indian  Pakistani  Bangladeshi  Chinese  Any other Asian background, please describe   |  | | --- | |  |   Black/African/Caribbean/Black British  African  Caribbean  Any other Black/African/Caribbean background, please describe   |  | | --- | |  | | *Mixed/multiple ethnic groups*  White and Black Caribbean  White and Black African  White and Asian  Any other Mixed/Multiple ethnic background please describe   |  | | --- | |  |   *White*  English/Welsh/Scottish/Northern Irish/British  Gypsy or Irish Traveller  Any other White background, please describe   |  | | --- | |  |   Other ethnic group   |  | | --- | |  | |

|  |
| --- |
| **Please state approximately how many people benefit from your services:** |

**B9 AREA OF BENEFIT**

|  |  |  |  |
| --- | --- | --- | --- |
| Derbyshire – please tick which district(s) | | | |
|  | | | |
|  | Amber Valley | Derbyshire Dales | North East Derbyshire |
|  | Bolsover | Erewash | South Derbyshire |
|  | Chesterfield | High Peak |  |
| More detail (e.g. if you only cover part of a district or a single village, please specify): | | | |
|  | | | |

If you **do not** want **any** of the information in *Section C: Your Organisation* to appear on the web directory, please tick here:

**SECTION C: YOUR ORGANISATION**

**C1 TYPE OF ORGANISATION**

Organisation type (Specific structure) Please provide registration numbers if applicable

|  |  |
| --- | --- |
|  | **Registration Number (if applicable)**  **i.e. Charity Number** |
| A registered charity |  |
| A company limited by guarantee |  |
| Charitable Incorporated Organisation |  |
| Community Interest Company |  |
| Unincorporated voluntary organisation |  |
| Registered Social Landlord |  |
| Industrial and provident society |  |

**C2 FINANCES**

**Income band** - Please tick one:

|  |  |
| --- | --- |
| No income | £50,001 to £100,000 |
| up to £1000 | £100,001 to £250,000 |
| £1,001 to £10,000 | £250,001 to £500,000 |
| £10,001 to £20,000 | Over £500,000 |
| £20,001 to £50,000 |  |

**C3 PEOPLE**

|  |
| --- |
| Number of paid staff |
| Number of volunteers |
| Number of trustees |

**C4 CONTACTS**

**PRIMARY CONTACT PERSON**

|  |  |  |
| --- | --- | --- |
| In addition to the general contact details you gave in Section A, you can specify an individual person to contact. | |  |
| **Not for web** |
| If you wish to hide *all* information about this person from the web directory, please tick the box to the right. | |  |
| Title and Name |  |  |
| Role/position |  |
| Address |  |  |
| Postcode |  |
| Telephone |  |  |
| Mobile |  |  |
| Email address |  |  |

**COMMUNICATION PREFERENCES**

|  |  |
| --- | --- |
| In our daily work, please tick in which ways you are happy for us to contact you. | |
| Email |  |
| Bulk email e.g. newsletters, invitations etc. |  |
| Post |  |
| Phone |  |
| Mobile |  |
| Text message |  |

**Signature: Date:**

**ADDITIONAL CONTACT**

Please give details of any other relevant contact in your organisation. Please put a cross (X) in the relevant box if you do not want that information published in the web directory.

**CONTACT 2 Not for Web**

|  |  |  |
| --- | --- | --- |
| If you wish to hide *all* information about this person from the web directory, please tick the box to the right. | |  |
| Name |  |  |
| Role/position |  |
| Address |  |  |
| Postcode |  |
| Telephone |  |  |
| Mobile phone |  |  |
| Email address |  |  |

**RETURNING THE FORM TO US**

**Please return completed form to:**

**E-mail:** [info@dva.org.uk](mailto:info@dva.org.uk)

**Or post to:** Derbyshire Voluntary Action, 3rd Floor, Dents Chambers, 81 New Square

Chesterfield, Derbyshire S40 1AH