

**Data Refresh Form 2022**

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**

|  |
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| **B1** What is the main **purpose** of your organisation? |
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| **B2** Please describe the **services/activities** you provide |
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| --- |
| **B3** **When** are they available? (opening or meeting days and times) |
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| --- |
| **B4 Where** do they take place?  |
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| --- |
| **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) |
|  |

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| --- |
| **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.

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| --- |
|  |

|  |  |
| --- | --- |
| [ ]  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 11-17Continued …..  | [ ]  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 |

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| **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

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

**B9 AREA OF BENEFIT**

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| --- |
| 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 select 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

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

Chesterfield, Derbyshire S40 1AH