

# Organisation Core Details



LVSTC is required to provide details of the organisations we serve to our funders. If you would like to access LVSTC services, please complete all sections of this form. This information will be used only for the purposes of our funding returns, and will not be shared with any other organisation.

## 1. Organisation Details:

Date:	<input type="text"/>		
Organisation:	<input type="text"/>		
Contact:	<input type="text"/>		
Address:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Postcode:	<input type="text"/>	Borough:	<input type="text"/>
Telephone:	<input type="text"/>	Fax:	<input type="text"/>
E-mail:	<input type="text"/>		
Website:	<input type="text"/>		

## 2. How would you describe your organisation? (tick where appropriate)

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| <b>Community Organisation</b><br><i>(i.e. 50% or more Management Committee drawn from users / beneficiaries)</i> | <input type="checkbox"/> | <b>Black &amp; Minority Ethnic Led</b><br><i>(i.e. 50% or more Management Committee are Black &amp; Minority Ethnic)</i> | <input type="checkbox"/> |
| <b>Voluntary Organisation</b><br><i>(i.e. elected management committee members with no financial interest)</i>   | <input type="checkbox"/> | <b>Women Led</b><br><i>(i.e. 50% or more Management Committee are women)</i>   | <input type="checkbox"/> |
| <b>Private Not-for-Profit</b><br><i>(turnover under £50,000 p.a.)</i>  | <input type="checkbox"/> | <b>Disability Led</b><br><i>(i.e. 50% or more Management Committee are disabled)</i>                                     | <input type="checkbox"/> |
| <b>Other private</b>   | <input type="checkbox"/> | <b>Public/Governmental</b>   | <input type="checkbox"/> |

**Other** *(please state)*

3. Are you in a partnership project?  Yes  No

## 4. About your experience of European Union (EU) Funds:

Do you have previous knowledge of EU Funding?  Yes  No

Have you applied for EU funding before?  Yes  No

If yes were you successful?  Yes  No

If yes  ESF (Objective 3)  ERDF  ESF (Objective 2)

**Did you deliberately not apply for EU Funding?**  Yes  No

**Please Turn Over**

## 5. Categories of your organisation's clients:

Please tick as many as appropriate to indicate the groups your organisation works with. (Community Fund classifications).

Age	<11	11-16	17-18	19-25	26-59	60 +
Disadvantaged people living in urban areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on low incomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offenders or ex-offenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refugees and/or asylum seekers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travellers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lone parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trans-gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 6. Ethnicity of your organisation's clients:

Please indicate which group/s of people your organisation predominantly works with now - we would like this information to ensure that all sectors of the community are using our services (Association of London Government classifications.)

White:	Mixed:	Asian or Asian British:	Black or Black British:	Chinese or other ethnic group:
<input type="checkbox"/> British	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> Indian	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Chinese
<input type="checkbox"/> Irish	<input type="checkbox"/> White & Black African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> African	<input type="checkbox"/> Other background
<input type="checkbox"/> Other	<input type="checkbox"/> White & Asian	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Other Black background	
	<input type="checkbox"/> Other mixed background	<input type="checkbox"/> Other Asian background		

## 7. Your Interest:

If you would like to be on our general mailing list, please tick '**LVSTC Mailing List**'. Please also indicate if you would like to receive our more targeted mailings, by ticking the appropriate boxes.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <b>LVSTC Mailing List</b>     | <input type="checkbox"/> Objective 3 ESF               | <input type="checkbox"/> URBAN II Stockwell       |
| <input type="checkbox"/> Membership of LVSTC           | <input type="checkbox"/> Objective 3 Capacity Building | <input type="checkbox"/> EQUAL                    |
| <input type="checkbox"/> Associate of LVSTC            | <input type="checkbox"/> Objective 2 ESF/ ERDF         | <input type="checkbox"/> Transnational Work       |
| <input type="checkbox"/> LVSTC Training Directory      | <input type="checkbox"/> Other European Funds          | <input type="checkbox"/> Study Visits to Brussels |
| <input type="checkbox"/> European Anti-Poverty Network | <input type="checkbox"/> Partnership                   |   |

Name \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_

**Thank you. Please return this form to LVSTC.**

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