

Organisation ID:

DATA COLLECTION / INPUT DETAILS

Version 7.6

Organisation ID:		
Organisation Name:		
Data Collector:	Interview Date:	Input Date:
Returned/Received GCVS:	Interview Location:	
Received By:	Data Inputter:	

ORGANISATION'S MAIN DETAILS

1.1 Organisation name: 1.2 Organisation legal name: As above As above 1.3 Organisation acronym: None 1.4 Address 1: 1.5 Address 2: 1.6 Address 3: 1.7 Postcode: 1.8 Is this a home address? Yes No 1.9 Telephone number: 1.10 Fax number: None 1.11 Textphone number: As telephone Don't have one 1.12 Website address: None 1.13 Is the website currently up and running? Yes No Yes No None 1.14 E-mail address (for organisation not respondent): None What purpose does this particular premises serve? Office Service Provision Meeting Place Other (please specify)			
As above 1.3 Organisation acronym: None 1.4 Address 1: 1.5 Address 2: 1.6 Address 3: 1.7 Postcode: Essential – must complete 1.8 Is this a home address? Yes No 1.9 Telephone number: 1.10 Fax number: None 1.11 Textphone number: As telephone Don't have one 1.12 Website address: None 1.13 Is the website currently up and running? Yes No 1.14 E-mail address (for organisation not respondent): None 1.15 What purpose does this particular premises serve? Office Service Provision 1.14	1.1	Organisation name:	
1.4 Address 1: 1.5 Address 2: 1.6 Address 3: 1.7 Postcode: 1.8 Is this a home address? Telephone number: 1.10 Fax number: 1.11 Textphone number: 1.12 Website address: None 1.13 Is the website currently up and running? Yes No 1.14 E-mail address (for organisation not respondent): None 1.15 What purpose does this particular premises serve? Office Service Provision	1.2	Organisation legal name:	
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1.7 Postcode: Essential - must complete	1.5	Address 2:	
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Telephone number: 1.10 Fax number: None	1.8	Is this a home address?	Essentiai – must complete
1.10 Fax number: None	1.0	is the difference address.	Yes No No
1.11 Textphone number: As telephone Don't have one 1.12 Website address: None 1.13 Is the website currently up and running? Yes No No 1.14 E-mail address (for organisation not respondent): None 1.15 What purpose does this particular premises serve? Office Service Provision None	1.9	Telephone number:	
1.11 Textphone number: As telephone Don't have one 1.12 Website address: None 1.13 Is the website currently up and running? Yes No No 1.14 E-mail address (for organisation not respondent): None 1.15 What purpose does this particular premises serve? Office Service Provision None	1.10		
1.11 Textphone number: As telephone Don't have one 1.12 Website address: None 1.13 Is the website currently up and running? Yes No 1.14 E-mail address (for organisation not respondent): None 1.15 What purpose does this particular premises serve? Office Service Provision None 1.15 Service Provision None	1.10	Fax number:	
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1.12 Website address: None 1.13 Is the website currently up and running? Yes No 1.14 E-mail address (for organisation not respondent): None None 1.15 What purpose does this particular premises serve? Office Service Provision	1.11	Textphone number:	
1.13 Is the website currently up and running? Yes No Service Provision Office None State of the website currently up and running? Yes No No Service Provision Service Provi	1 12	Wahsita address:	As telephone \(\subseteq \text{Don't have one } \subseteq \)
1.13 Is the website currently up and running? Yes No No E-mail address (for organisation not respondent): None 1.15 What purpose does this particular premises serve? Office Service Provision	1.12	Website address.	Nama 🗆
Yes No No C 1.14 E-mail address (for organisation not respondent): None C 1.15 What purpose does this particular premises serve? Office Service Provision C	1 13	Is the website currently up and running?	None 🗆
1.14 E-mail address (for organisation not respondent): None 1.15 What purpose does this particular premises serve? Office Service Provision	1.10		
None 1.15 What purpose does this particular premises serve? Office Service Provision	1.14		
1.15 What purpose does this particular premises serve? Office Service Provision		, , , , , , , , , , , , , , , , , , ,	None \Box
	1.15	What purpose does this particular premises serve?	
Meeting Place \square Other \square (please specify)		Office \square Service Provision \square	
		Meeting Place \square Other \square (please specify)	

SECTION 2 ORGANISATION'S LEGAL STATUS

2.1	Are you an organisation in your own right or a branch/project of a larger organisation?
	Organisation in own right \square (go to 2.3)
1	Branch of a larger organisation \square
	Project of a larger organisation \square
2.2	If branch/project, what larger organisation?

2.3	When was your organisation (or branch/project) established?						
	Approx \square						
2.4	Previous name:						
	When changed:						
2.5	What type of governing document do you have?						
	Constitution						
	Memorandum and Articles \square						
	Trust deed \square						
	Common bond \square						
	Governing document of larger org/parent body \square						
	Other (please specify):						
2.6	Is your organisation any of the following:						
	Recognised/Registered Charity If yes, charity number:						
	Company Limited by Guarantee If yes, number:						
	Charitable Trust						
	Credit Union						
	Co-operative						
	Social Firm / Community Enterprise						
2.7	Has your organisation established any trading companies with separate legal status?						
	Yes No No						
	Please list:						
	i lease list.						

SECTION 3 ORGANISATION'S GOVERNANCE

3	3.1	Do you have a local governing body? (e.g. voluntary management committee)
		Yes \square No \square (go to 3.9)
3	3.2	How many people make up your governing body as at today's date?
3	3.3	How many people are allowed on your governing body as per your governing document?
		No limit □

3.6 Does your governing body have any sub-committees or groups? Yes No If yes, how many? And on average how often do they meet? How many hours per week (on average) do the members of your governing body contribute?	3.4	Which of the following make up your gov	erning body?		
Members Community Representatives of other orgs Statutory agency representatives Others (please specify): Do any of these not have voting status on your governing body? Please indicate above. 3.5 How often does your governing body usually meet? Approx Approx 3.6 Does your governing body have any sub-committees or groups? Yes \ No \ If yes, how many? And on average how often do they meet? 3.7 How many hours per week (on average) do the members of your governing body contribute? Approx 3.8 Do you experience any difficulty in recruiting people on to your governing body? Yes \ No \ 3.9 Do you hold an Annual General Meeting? Yes \ No \ (go to 3.10) Is this open to the public? Yes \ No \ 3.10 Is your organisation subject to any regulatory bodies? Care Commission \ Health & Safety \ Equal Opportunities \				Non-voting	
Community Representatives of other orgs Statutory agency representatives Others (please specify): Do any of these not have voting status on your governing body? Please indicate above. 3.5 How often does your governing body usually meet? Approx 3.6 Does your governing body have any sub-committees or groups? Yes \(\) No \(\) If yes, how many? And on average how often do they meet? 3.7 How many hours per week (on average) do the members of your governing body contribute? Approx \(\) 3.8 Do you experience any difficulty in recruiting people on to your governing body? Yes \(\) No \(\) 3.9 Do you hold an Annual General Meeting? Yes \(\) No \(\) (go to 3.10) Is this open to the public? Yes \(\) No \(\) 3.10 Is your organisation subject to any regulatory bodies? Care Commission \(\) Health & Safety \(\) Equal Opportunities \(\)		Service users/clients			
Representatives of other orgs Statutory agency representatives Others (please specify): Do any of these not have voting status on your governing body? Please indicate above. 3.5 How often does your governing body usually meet? Approx 3.6 Does your governing body have any sub-committees or groups? Yes \(\) No \(\) If yes, how many? And on average how often do they meet? 3.7 How many hours per week (on average) do the members of your governing body contribute? Approx \(\) 3.8 Do you experience any difficulty in recruiting people on to your governing body? Yes \(\) No \(\) 3.9 Do you hold an Annual General Meeting? Yes \(\) No \(\) (go to 3.10) Is this open to the public? Yes \(\) No \(\) 3.10 Is your organisation subject to any regulatory bodies? Care Commission \(\) Health & Safety \(\) Equal Opportunities \(\)		Members			
Statutory agency representatives Others (please specify): Do any of these not have voting status on your governing body? Please indicate above. 3.5 How often does your governing body usually meet? Approx 3.6 Does your governing body have any sub-committees or groups? Yes \ No \ If yes, how many? And on average how often do they meet? 3.7 How many hours per week (on average) do the members of your governing body contribute? Approx 3.8 Do you experience any difficulty in recruiting people on to your governing body? Yes \ No \ 3.9 Do you hold an Annual General Meeting? Yes \ No \ (go to 3.10) Is this open to the public? Yes \ No \ 3.10 Is your organisation subject to any regulatory bodies? Care Commission \ Health & Safety \ Equal Opportunities \ Equal Opportunities \		Community			
Others (please specify): Do any of these not have voting status on your governing body? Please indicate above. 3.5 How often does your governing body usually meet? Approx 3.6 Does your governing body have any sub-committees or groups? Yes \(\) No \(\) If yes, how many? And on average how often do they meet? 3.7 How many hours per week (on average) do the members of your governing body contribute? Approx \(\) 3.8 Do you experience any difficulty in recruiting people on to your governing body? Yes \(\) No \(\) 3.9 Do you hold an Annual General Meeting? Yes \(\) No \(\) (go to 3.10) Is this open to the public? Yes \(\) No \(\) 3.10 Is your organisation subject to any regulatory bodies? Care Commission \(\) Health & Safety \(\) Equal Opportunities \(\)		Representatives of other orgs			
Do any of these not have voting status on your governing body? Please indicate above. 3.5 How often does your governing body usually meet? Approx 3.6 Does your governing body have any sub-committees or groups? Yes		Statutory agency representatives			
3.5 How often does your governing body usually meet? Approx		Others (please specify):			
3.5 How often does your governing body usually meet? Approx					
Approx 3.6 Does your governing body have any sub-committees or groups? Yes	3.5	_		ng body? Please ind	dicate above.
Yes	3.3	Thow often does your governing body dat	daily inlect:		Approx 🗌
If yes, how many? And on average how often do they meet? 3.7 How many hours per week (on average) do the members of your governing body contribute? Approx 3.8 Do you experience any difficulty in recruiting people on to your governing body? Yes No So So No So	3.6	Does your governing body have any sub	-committees or	groups?	
3.7 How many hours per week (on average) do the members of your governing body contribute? Approx 3.8 Do you experience any difficulty in recruiting people on to your governing body? Yes		Yes No No			
3.8 Do you experience any difficulty in recruiting people on to your governing body? Yes No Solve No		If yes, how many? And on average how ofter	n do they meet?		
3.8 Do you experience any difficulty in recruiting people on to your governing body? Yes	3.7		do the membe	ers of your governing	g body
3.9 Do you hold an Annual General Meeting? Yes No (go to 3.10) Is this open to the public? Yes No No 3.10 Is your organisation subject to any regulatory bodies? Care Commission Health & Safety Equal Opportunities Equal Opportunities		contribute?			Approx 🗌
3.9 Do you hold an Annual General Meeting? Yes No (go to 3.10) Is this open to the public? Yes No No 3.10 Is your organisation subject to any regulatory bodies? Care Commission Health & Safety Equal Opportunities Equal Opportunities	3.8	Do you experience any difficulty in recrui	ting people on	to your governing b	ody?
Yes No (go to 3.10) Is this open to the public? Yes No Some N		Yes No No			
Is this open to the public? Yes No Solution 3.10 Is your organisation subject to any regulatory bodies? Care Commission Health & Safety Equal Opportunities	3.9	Do you hold an Annual General Meeting	?		
3.10 Is your organisation subject to any regulatory bodies? Care Commission Health & Safety Equal Opportunities		Yes ☐ No ☐ (go to 3.10)			
3.10 Is your organisation subject to any regulatory bodies? Care Commission Health & Safety Equal Opportunities		Is this open to the public?			
Care Commission Health & Safety Equal Opportunities		Yes □ No □			
Health & Safety Equal Opportunities	3.10	Is your organisation subject to any regula	atory bodies?		
Equal Opportunities		Care Commission \square			
		Health & Safety \square			
Other (please specify):		Equal Opportunities \square			
		Other (please specify):			

SECTION 4 CONTACTING / ENGAGING WITH THE ORGANISATION

MAIN C	ONTACT
4.1	Title:
4.2	Forename(s):
4.3	Surname:
4.4	Job title/position within organisation:
4.5	Is the address for this contact the same as the organisation? (If yes, go to 4.12)
4.6	Is this a home address? Yes No
4.7	Address 1:
4.8	Address 2:
4.9	Address 3:
4.10	Postcode:
4.11	What purpose does this particular premises serve?
	Office Service Provision
	Meeting Place \square Other \square (please specify)
4.12	Telephone number:
	Same as org \Box
4.13	Fax number:
	Same as org \Box
4.14	Textphone number:
	Same as org \square
4.15	E-mail address (for main contact):
	Same as org \square
4.16	Can this person's details be made available to other voluntary or statutory organisations?
	Yes 🗆 No 🗆
4.17	Can this person's details be made available to the public?
	Yes □ No □
	l

4.18	What are your c	pening/off	ice/availa	ble hours?					
		Mon	Tue	Wed	Thu	Fri	Sat	Sun	7
	Office								
	Service Provision								
	Other								
4.19	Do you have a 2	24 hour co	entact mo	thod2 o a	answoring	machino:			
4.13	Do you have a z	24-110u1 CC	maci me	ulou: e.g.	answering	macinie.			
4.20	Do you have dis	sabled acc	ess at the	se premise	es?				
	Yes 🗌	No [Partial \square	Plar	in place			
4.21	Do you have ac	cessible p	arking spa	aces at the	se premise	es?			
	Yes 🗌	No [Partial	Plar	in place			
4.22	Do you have ac	cessible to	oilets at yo	our premise	es?				
	Yes 🗌	No [Partial	Plar	in place			
4.23	How do you p	•	ur service	s? (e.g. fac	ce to face,	by telepho	ne, works	hops, trainir	ng
	sessions, etc)							
4.24	Do you offer	your servi	ces throug	gh any of th	ne following	g formats o	or facilities	;?	
	Signers		Yes	s 🗌 No 🗌 N	/A ☐ If s _l	pecified			
	Translation se	rvices	Yes	s 🗌 No 🗌 N	/A ☐ If s	pecified			
	Community lar	nguages	Yes	s 🗌 No 🗌 N	/A ☐ If s _i	pecified 🗌			
	Braille		Yes	s 🗌 No 🗌 N	/A ☐ If s _i	pecified			
	Language line		Yes	s 🗌 No 🗌 N	/A ☐ If s	pecified			
	Textphone		Yes	s 🗌 No 🗌 N	/A ☐ If s	pecified			
	Type Talk		Yes	s 🗌 No 🗌 N	/A ☐ If s	pecified			
	Text Messagin	g	Yes	s 🗌 No 🗌 N	/A ☐ If s	pecified			
	Interactive web	services	Yes	s 🗌 No 🗌 N	/A ☐ If s	pecified			
	Are there any	other forr	nats that	vou use to	improve a	ccessibility	/? (please	specify)	
	,			,			(1	-,,,	
HELP		vo celle fre	m the nu	blio soskin	a informati	00 011000	rt or odvio		
4.25	Do you recei Yes		om the pu No \square	DIIC SEEKIN	y imormati	on, suppo	it or advic	e:	

4.26	D	-ll!4l l	In Cara a sancia a	-0			
	Do you offer Yes		ipline service \Box (go to 4.30)	S?			
	res _	I INO	_ (go to 4.30)				
4.27	Do you provi	de a helpline	by:				
	Telephone	No.:		Email A	ddress:		
	Text phone			_	ddress:		
	Text message			Other (please			
	· on moodage			С ш.с. (р.сасс			
4.28	What hours is	s the helpline	operated?				
		•		Thursday	Fridov	Coturdov	Cundov
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
4.29	Please provid	de a short de	scription of su	ıitable/approp	oriate use of I	nelpline:	
OTHER	PREMISES C	ONTACTS					
4.30	Other than th	e address al	ready given, o	do you operat	te from or hav	ve bases in o	ther
	premises?	1					
	Yes ∟	No [
	If yes, please	complete a	separate con	tact sheet for	each office/b	ase/premise	S.
	Impractical to	record due to	amount to be t	followed up	Details	ş.·	
	impractical to	record due to t	amount, to be	ollowed up.	_ Details	.	
SECTION	5	WHAT YOU	IR ORGANIS	ATION DOE	S (ACTIVITI	ES)	
5.1	What is your	primary area	of work/servi	ce delivery?	(e.g. youth se	ervices)	
5.2	State as man						
	which your or social care)	ganisation of	perates (e.g.	community sa	afety, disabilit	y, financial in	iclusion,
	social care;						

5.3	Which of the following directly benefit from yo	our activities?
	to distribute 🗆	
	Individuals Uplease specify:	
	Organisations \square please specify:	
5.4	Do you have a main target group of users?	
	Yes \square No \square (go to 5.5)	
	Please specify:	
5.5	Do you have a particular focus on providing s	services to any traditionally hard to reach
	groups?	
	Yes ☐ No ☐ (go to 5.6)	
	Which traditionally hard to reach groups is thi	s focus on?
	Black & minority ethnic communities \Box	People excluded / not attending from school \square
	Faith and religious communities \Box	People with a literacies need \square
	Refugees and asylum seekers \Box	Low-income households \square
	Travellers and gypsies \square	Unemployed \square
	People with learning difficulties \Box	Residents of disadvantaged neighbourhoods \Box
	Disabled people \square	Volunteers
	People with mental health problems \Box	Women
	People with ill health \square	LGBT □
	Carers 🗌	Older people
	Leaving/in care	Children (0-11)
	Homeless people	Young people (12-25)
	Drug and alcohol misusers U	Parents U
	Offenders / ex offenders 🗌	Lone parents 🗌
	Victims of crime ☐	Others (please specify):
	Victims of domestic abuse	
5.6	In which geographical area do you operate (e	e g ward I A area national etc \?
0.0	Specific local areas \Box please specify:	g. ward, Ervaroa, Hational, Oto.).
	Glasgow-wide \square	
	Scotland-wide	
	UK-wide \square Other \square please sp	pecify:
	· · ·	

5.7	Is there a charge for any of the se	ervices you provide?	
	For individuals: Yes	\square No \square	
		-	
	For organisations: Yes	□ NO □	
5.8	Are individuals referred to your or	ganisation?	
	Yes \square No \square		
	If yes, who makes the referrals?		
	in yes, who makes the relenals:		
5.9	Do you provide any of the following	ng sanvicas or facilitias?	
5.9	bo you provide any or the following	ig services of facilities:	
	Training \square	Minibus or transport facilitie	s 🗆
	Capacity building support \Box	Meeting/conference facilities	s 🗌
ECTION (6 ORG	ANISATION'S AIM	
6.1	you would like others to read abo	about your organisation's main aims ut you. This should be no longer that ave this ready in advance and it will b	150 words.
FOTIONE		IEMPEDOUID	
ECTION 7	N	IEMBERSHIP	
7.1	Are you a membership organisati	on?	
7.	Yes \(\Bar{\cup} \) No \(\Bar{\cup} \) (go to		

7.2	Is membership open to individuals?
	Yes ☐ No ☐ (go to 7.4)
	What individuals is membership open to?
7.3	How many individual members do you have?
	Approx \square
7.4	Is membership open to groups/organisations?
	Yes ☐ No ☐ (go to 7.6)
	What groups/organisations is membership open to?
7.5	How many group/organisation members do you have?
7.6	How much do you charge for membership?
	No charge \Box
7.7	Are your services provided to individuals or groups other than members?
	Yes 🗆 No 🗆
7.8	How many individuals (including non-members) utilised your services in the past year?
	Notes on this figure:
	Approx 🗆
7.9	How many groups/organisations utilised your services in the past year?
	Notes on this figure:
	Approx 🗆

ECTION 8	FINANCE	(GCVS only)
8.1	When does your financial year end?	
8.2	What was your income last financial year?	
		Approx
		Refused to disclose \Box
8.3	What is your projected income for the current financial year?	
		Approx
		Refused to disclose

		Amount or %	Approx	Refused	Don't Know
	Glasgow City Council	J. 70			
	Greater Glasgow NHS				
	Scottish Enterprise Glasgow				
	Trading – sales				
	Trading – contracts/service level				
	agreements				
	Rents				
	Investment income				
	Subscription/membership fees Donations				
	Other local authorities				
	Private sector				
	Grant-making trusts Legacies				
	GAYE (Give As You Earn)				
	Others, please specify:				
	Others, piease specify.				
	L				
8.5	Do you receive any in-kind support?				
	, , , , , , , , , , , , , , , , , , , ,				
	Yes ☐ No ☐ (go to 8.6)				
	1.65				
	If yes, please specify:				
	y ee, please epecy.				
8.6	From where does your core funding come from	om?			
8.7	Of your core funders, does this come in the f	orm ot:			
	Grant Service Level Agreemen	nt 🗌	Contrac	ct 🗌	
8.8	What is your core funding as a percentage o	f your total t	unding?		
			-		
8.9	What, if any, are your core trading activities?	(e.g. social	care, cate	ering)	

How much of your income is from the following sources?

Is this to a:	8.10	Yes No (go to 8.11)
Voluntary sector organisation Public sector		Is this to a:
Public sector		Private sector firm
8.11 Do you use a computer accounts package to do your book-keeping/accounting? Yes		Voluntary sector organisation \square
No (go to 8.13)		Public sector
No (go to 8.13)		
8.12 Which package do you use (e.g. Sage, Quicken, TAS, etc)? 8.13 Do you have an ICT budget? Yes	8.11	Do you use a computer accounts package to do your book-keeping/accounting?
8.13 Do you have an ICT budget? Yes \Bo		Yes □ No □ (go to 8.13)
No No No No No No No No	8.12	Which package do you use (e.g. Sage, Quicken, TAS, etc)?
No No No No No No No No		
8.14 Do you publish an Annual Report/Directors Report? Yes	8.13	,
No No No No No No No No		Yes □ No □
No No No No No No No No	0.14	De veu publish en Appuel Depert/Directore Depert?
8.15 Do you publish accounts that the public could access? Yes	0.14	
8.16 How are your organisation's accounts audited or examined? Full audit		TES INU
8.16 How are your organisation's accounts audited or examined? Full audit Not at all Independently Examined Compilation Report Other (please specify) 8.17 Are your accounts compliant with SORP? (Statement of Recommended Practice) Yes No No Do you use a firm of accountants for services other than auditing (e.g. end of year accounts preparation)? Yes No (go to 8.19)	8.15	
Full audit Not at all Independently Examined Compilation Report Other (please specify) 8.17 Are your accounts compliant with SORP? (Statement of Recommended Practice) Yes No No Do you use a firm of accountants for services other than auditing (e.g. end of year accounts preparation)? Yes No (go to 8.19)		Yes 🗆 No 🗆
Not at all Independently Examined Compilation Report Other (please specify) 8.17 Are your accounts compliant with SORP? (Statement of Recommended Practice) Yes No No Do you use a firm of accountants for services other than auditing (e.g. end of year accounts preparation)? Yes No (go to 8.19)	8.16	How are your organisation's accounts audited or examined?
Independently Examined Compilation Report Other (please specify) 8.17 Are your accounts compliant with SORP? (Statement of Recommended Practice) Yes No No No No (go to 8.19)		Full audit \square
Compilation Report Other (please specify) 8.17 Are your accounts compliant with SORP? (Statement of Recommended Practice) Yes No No 8.18 Do you use a firm of accountants for services other than auditing (e.g. end of year accounts preparation)? Yes No (go to 8.19)		Not at all \square
Other (please specify) 8.17 Are your accounts compliant with SORP? (Statement of Recommended Practice) Yes No No No No (go to 8.19)		Independently Examined \square
8.17 Are your accounts compliant with SORP? (Statement of Recommended Practice) Yes No No No No No (go to 8.19)		Compilation Report \square
Yes No No Services other than auditing (e.g. end of year accounts preparation)? Yes No (go to 8.19)		Other \square (please specify)
8.18 Do you use a firm of accountants for services other than auditing (e.g. end of year accounts preparation)? Yes No (go to 8.19)	8.17	Are your accounts compliant with SORP? (Statement of Recommended Practice)
preparation)? Yes No (go to 8.19)		Yes 🗆 No 🗆
preparation)? Yes No (go to 8.19)		
	8.18	Do you use a firm of accountants for services other than auditing (e.g. end of year accounts preparation)?
Please give details of what services:		Yes ☐ No ☐ (go to 8.19)
		Please give details of what services:

		Awarded		Declined	Pending	Length
	Community Fund (main/mediu	m grant)				
	Community Fund (awards for a					
	New Opportunities Fund (awar	rd for all)				
	Direct Grants SCVO		_			
	Key Fund		_			
	SIP Funding	tion (10)	_			
	Local Authority grants (inc sec	tion 10)				
	Glasgow NHS funding					
	Scottish Executive grants					
	Lloyds TSB Foundation					
	Comic Relief					
	BBC Children in Need					
	Robertson Trust					
	(Unemployed) Voluntary Action	n Fund				
	Trust Funds					
	Job Centre Plus					
	Scottish Arts Council					
	Sports Council					
	Heritage lottery fund					
	Others (please specify):					
What difficult	ies, if any, have you encountered	ed when app	lyir	ng	for f	unding?
Job de	escriptions \square	Business pla	n 🗆			
Not ha	aving charitable status	Constitutions				_
	eting 🗌	Filling out ap		atio	on fo	orms \square
	ing what funding is available \Box	No difficulties	; ∐			
	3					
Other	(please specify):					

		Amount or %	Approx	Refused	Don't know	
	Staffing costs	0.70				
	Property costs					
	Administration costs (incl. Tel / Postage)					
	Professional fees (e.g. legal, surveying)					
	Consultancy					
	ICT					
	Insurance and indemnity					
	Fundraising					
	Grant giving					
	Other costs (please specify)					
,	Llava you applied for loop finance in the	noot voor	2	•	1	
2	Have you applied for loan finance in the Yes \square No \square (go to 8.23)	e past year	•			
	If yes, did you receive loan finance? Yes □ No □					
	Do you have cash reserves in the bank	that can be	e deployed	if necessar	y?	
3		trat our b				
3	Yes No No	That ball by				
3		that oan b				
N 9			EES		(GCVS	S on
	Yes No No	EMPLOY			(GCVS	S on
N 9	Yes No STAFFING: PAID How many paid members of staff do yo	EMPLOY	employ?			S on
N 9	Yes No STAFFING: PAID	EMPLOY	employ?	?	,	Appr
N 9	Yes No STAFFING: PAID How many paid members of staff do you How many paid members of staff did you	EMPLOY u currently ou employ	employ?		,	Appr
N 9	Yes No STAFFING: PAID How many paid members of staff do yo	EMPLOY u currently ou employ	employ?		,	

9.5	Please list all the job titles within employed within each job title, a			aff are
	(Refer to 9.5 Helpcard)			
	Job Functions Senior Management, Project Ma Specialist Support, Administration			ct Assistant,
	Grades (list A to F) A – Less than £10,000	B - £10,0	000 – £15,000 C - £15,000 – £	£20,000
	D - £20,000 - £30,000	E - £30,0	000 - £40,000 F – Over £40,0	000
	Job Title/occupation	No. of staff	Job function	Grade
			To be	e followed up \Box
9.6	Have you experienced any diffic	_	vacancies within your organisa	ation?
9.7	With which jobs did you experier	nce difficulties	? Why do you think they were	e hard to fill?
	Job		Reasons for difficulty	

9.8	Have you experienced any problems in retaining staff?
	Yes \square No \square (go to 9.9)
	When do you think this is 0
	Why do you think this is?
DISCLO	SURE SCOTLAND
9.9	Are you aware of Disclosure Scotland/CRBS (Central Registered Body in Scotland)?
	Yes No
9.10	Have you checked to find out whether any of your organisations activities require
9.10	disclosures to be conducted?
	Yes 🗆 No 🗆
9.11	Do any of your organisation's activities necessitate paid staff or volunteers to have Disclosures conducted?
	Yes ☐ No ☐ (go to 9.15)
9.12	Are you registered with CRBS or Disclosure Scotland?
	CRBS Disclosure Scotland Neither
9.13	If not registered, through which body do you carry out checks?
9.14	Is this an area you would be interested in receiving more information on?
	Yes No
TEDMO	AND CONDITIONS
9.15	AND CONDITIONS What pay scale, if any, do you follow? (e.g. Scottish Joint Council, Employers in Voluntary
5.10	Housing)
9.16	Do you link your pay scales to any recognised negotiating body? (e.g. SJC, EVH)
	Yes 🗆 No 🗆
9.17	Do you give a cost of living pay increase every year?
	Yes 🗆 No 🗆
9.18	What allowances do you give, on top of basic salary/wages (e.g. antisocial hours/weekend
9.10	working)?
	None
9.19	Do you pay for overtime?
	Yes 🗆 No 🗆
9.20	Do staff get Time Off in Lieu for working extra hours?
-	Yes □ No □

9.21	Do you offer a company sick pay scheme?
	Yes ☐ No ☐ (go to 9.22)
	What is the maximum length of time for which full pay/half pay is given?
	Full Pay Half Pay
9.22	Do you offer a pension scheme?
	Yes ☐ No ☐ (go to 9.24)
9.23	Do you make an employers contribution to staff pension schemes?
	Yes ☐ No ☐ (go to 9.24)
	At what percentage rate?
9.24	Do you offer any contractual terms and conditions of employment over and above statutory entitlements?
	No ☐ Parental leave ☐ Others (please specify):
	Maternity leave ☐ Paternity leave ☐
	Maternity pay ☐ Paternity pay ☐
TRAD	E UNION RECOGNITION
9.25	Do you formally recognise any trade unions?
	Yes ☐ No ☐ (go to 9.26)
	Which ones?
9.26	Do you have a formal staff representation or a staff consultation mechanism in place?
	Yes No No
	FSUPERVISION
9.27	Is there any formal system of staff supervision in place?
	Yes \(\square\) No \(\square\)
9.28	Do you have a staff appraisal system in place?
	Yes No
	•
ECTION	N 10 STAFFING: VOLUNTEERS (GCVS only)
10.1	INTEERS Do you engage volunteers (not including members of your governing body)?
10.1	Yes \square No \square (go to Section 11)

					Approx 🗌
10.3	Excluding time spent govern		nisation, how many hour	s per week do a	all
	volunteers contribute on av	erage?			
					Approx
10.4	How many volunteer opport date)?	unities do you	have in total (including t	hose unfilled as	at today's
	Voluntee	er opportunities v	within organisation		No. of
					positions
10.5	Do you have any difficulty in	n getting appro	priate volunteers?		
	_ `	(go to 10.6)	•		
		(91 11 1111)			
	If yes, why do you think this	s is?			
10.6	Where do you advertise/reg	jister your volu	nteering opportunities?		
ECTION	I 11 STAFFIN	G: EQUAL OF	PPORTUNITIES	(G	CVS only)
				•	
EQUAL 11.1	OPPORTUNITIES	agual appartur	sition data for the following		
11.1	Do you monitor and collate			ng?	
	Paid staff:	Yes 🗌	No 🗌		
	Governing body:	Yes	No 🗌		
	Volunteers:	Yes	No 🗌		
11.2	Completion of Equal Oppor	tunities arid			
	completion of Equal oppor	tarmae grid			
	Completed in full \Box				
	Shaded section compl	ete			
	Data not provided for	confidentialitv re	asons 🗌		
	To be followed up				

How many individual volunteers do you engage as at today's date (not including members of your governing body)?

10.2

	EQUAL OPPORTUNITIES DATA						
STAFF / VOLUNTEER TYPES	Female	Male	Disabled	Black and minority ethnic	Age 16-24 yrs	Age 50+	LGBT
TOTAL NUMBER							
Full time, Permanent (>35hrs)							
Full time, Fixed term / temp (>35hrs)							
Part time, Permanent (<35hrs)							
Part time, Fixed term / temp (<35hrs)							
Sessional							
Seasonal / casual							
Self-employed							
Seconded							
Governing body (e.g. voluntary management committee, board of directors)							
Volunteers (excluding members of governing body)							

SECTION 12	TRAINING	(GCVS only)
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TRAIN	IING
12.1	Do you have a training budget for the following?
	Employees \square Volunteers \square Governing Body \square
12.2	Do you have a formal training plan in place?
	Yes 🗆 No 🗆
12.3	Are there any broad areas of training you have identified as being required for your organisation?
	Yes □ No □ (go to 12.4)
	Please give details:

12.4	Do you take on any form of placements?						
	Yes \square No \square (go to Section 13)						
	Do these include:						
	Student placements \square						
	Training placements \square						
	Employment placements (e.g. Routes to Employment, New Deal) \square						

SECTION 13 PARTNERSHIPS AND NETWORKS Are you or other staff in your organisation a member of any networks or forums? 13.1 Yes 🗌 No 🗌 Please list: 13.2 Do you hold membership of any other organisations/bodies? Yes No 🗌 Please list: 13.3 Is your organisation represented on any working groups? (e.g. Scottish Executive, Local Authority) Yes No 🗌 Please list: 13.4 Have you been involved in any joint-planning initiatives with other agencies or sectors to help influence policy or practice? (e.g. community planning, community learning, etc.) Yes No 🗌 If yes, please specify:

13.5	Do you have Investors in People, Charter Mark, SQMS or a quality standard accreditation, e.g. ISO 9000?							
	Yes □ No □							
	Please specify:							
13.6	Are you working towards any such accreditations?							
	Yes \square No \square							
	Please specify:							

SECTION 14	POLICIES	(GCVS Only)
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		Currently in place	Working on	No	N/A	Assistanc		
	Equal opportunities							
	ICT							
	Data protection							
	Staff recruitment							
	Governing body recruitment							
	Quality assurance							
	Health and safety							
	Volunteer							
	Grievance							
	Disciplinary							
	Confidentiality							
	Staff training and development							
	Staff performance (support/supervision)							
	Lone working							
	Child protection							
	Vulnerable people							
	Family Friendly / Flexible Working							
	Environmental							
	Employer Supported Volunteering							
	Whistle blowing							
	Absence Management							
	Other policies (please specify):							
	Would you like assistance with reviewing or o	leveloping a	ny of thes	e poli	cies?			
	Yes □ No □							
	(If yes, please indicate which ones on table above)							
Are you registered/notified under the Data Protection Act (for CCTV, paper records or electronic records)?								
	Yes □ No □							
	163 🗆 110 🗆							

14.4	Have you ever heard of or completed a Data Protection Audit?							
	Never heard of \square Heard of \square Completed \square							
14.5	Have you carried out a Health & Safety Audit?							
	Yes □ No □							
14.6	Have you carried out an Environmental Audit?							
	Yes □ No □							

SECTION 15 PREMISES

15.1	Do you share premises with	any other voluntary /	community organisations?
	Yes 🗌 No 🗆		
	If yes, how many groups/or	ganisations?	
15.2	Do you own your premises?	?	
	Yes ☐ (go to 15.6)	No 🗌	
15.3	Do you lease your premises	s from any of the follow	wing?
	Public Sector	Private Sector	Voluntary Sector \square
15.4	How long is the duration of	the lease?	
15.5	Please select the annual rea	nt band from those lis	ted:
	Under £50 □ □	£50-£500	,
	£2,000-£4,000 🗌	£4,000-£7,000	£7,000-£10,000 🗆
	£10,000-£50,000	Over £50,000	Don't Know ☐
15.6	Are you happy to remain at	your current address	or are you looking to move?
	Very happy ☐ (go to	Section 16)	
	Happy ☐ (go to Sect	tion 16)	
	May move	,	
	Keen to move		
	keen to move □		
15.7	If looking to move, please g	ive some reasons:	

16.1	Do you make use of computers?
	Yes \square (go to 16.3) No \square
16.2	If no, would you like to make use of computers
	Yes ☐ No ☐ (go to Section 17)
	What would you want to use them for (o.g. internet access, greate decuments, email
	What would you want to use them for (e.g. internet access, create documents, email, record keeping, storing info, etc.)?
16.3	Do you own any computers?
	Yes ☐ (go to 16.4) No ☐
	If no, whose computers do you access/use?
16.4	How many computers do you own (including laptops)?
	PCs: Laptops:
16.5	How many of your computers are more than 2 yrs old?
16.6	Other than computers themselves, do you use any other computer equipment (e.g. digital camera, scanner, etc)?
	Yes No
	Please list:
16.7	Do you have anti-virus software?
	Yes ☐ No ☐ (go to 16.9) Don't Know ☐ (go to 16.9)
	Please give details (e.g. McAfee, Norton, AVG, etc.):
16.8	How often is the anti-virus software updated in your organisation?
16.9	Are your computers networked together in any way?
	Yes 🗆 No 🗆
10.10	Da very have a samue?
16.10	Do you have a server?
	Yes No No
16.11	What operating system do you use (e.g. Windows 95, 98, NT, 2000, 2003, Linux, Unix)?
	On your PCs / desktops:
	On your server:
	On your server.

16.12	How (if at all) do you connect to the internet?					
	Ordinary phone line with modem \Box	Don't have internet access \square				
	Cable modem	ADSL (high speed / broadband) \square				
	ISDN 🗆	Leased line				
	Don't know □					
16.13	Do you have only one e-mail address fo	r the whole organisation?				
	No we don't use e-mail ☐	•				
	Yes - just one generic address ☐					
	No - individual addresses for people					
16.14	How often do you take backups of your	computer data?				
	Daily \square Weekly \square Monthly \square	Infrequently Never				
16.15	Where do you receive IT support from?					
16.16	Is there any additional IT support you wo	ould honofit from?				
10.10	is there any additional it support you we	dua benent nom:				
	Yes 🗆 No 🗆					
	If yes, please detail:					
	, , , , , , , , , , , , , , , , , , , ,					
16.17	Who is responsible for updating your we	ebsite?				
	In-house information officer \Box Vol	lunteer \square				
	Other (please specify):					
16 10		anderde? (e.g. large fant, geroen reeder)				
16.18		andards? (e.g. large font, screen reader) on't Know \square				
	res 🗆 No 🗆 D	OIL KIIOW 🗆				
16.19	Who is responsible for ICT in your organ Job title/designation:	nisation?				
16.20	How do you dispose of your PC equipme	ent?				
	<u>L</u>					

PUBLICATIONS

17.1	Do you produce any one-off or regular publications (e.g. newsletters, information booklets, directories, strategies, case studies, best practice, policies, research etc – not annual accounts or reports)?								
	Yes 🗌	No 🗌							
	Publication Name	To whom is it available?	In what for it produce paper, Ac Acrobat, v6 etc.)?	ed (e.g. dobe	How/where can you get it?	How much do you charge for it?		availa acces (e.g. a Braille Easy	ublished/ able in other ssible formats audiotape, e, large print, read, community ages etc.)?
17.2	What (if any) resea	rch have you	undertake	en/been	involved in o	ver the pas	t 2-3	3 year	s?
	Researcher/Researc Partners	h Title		Focus			Da	ate	Report Available? (Y/N and source)

SECTION 18	GCVS SERVICES AN	ND MEMBERSHIP						
18.1 (non-members) Had you heard of GCVS prior to taking part in this?								
Yes □ No □ (go to Section 19)								
18.2	18.2 (non-members) Do you know what GCVS does?							
	Yes □ No □ (go to	o Section 19)						
18.3	What does GCVS do that you cons	sider to be valuable?						
	What doesn't GCVS do that you think it should?							
	QUESTIONNAIRE COMPL	ETE – THANK PARTIC	IPANT					
SECTION 19	COMPLETION CHECK	LIST AND CONSENT						
Checklist for Da								
Information sheet le	eft for respondent	Included	Follow up					
Further contacts su	upplied for other premises (number):	No.:	1 3.10 11 41					
Equal opportunities	sheet							
Workforce data tab	le							
Additional follow-up	o information required (please detail):		<u>. I</u>					
Data Protection: Review Section 4 a personal details.	and any appended Contact Sheets fo	r Additional Premises Co	ontacts again in rela	tion to				
Participant's Name	<u> </u>							
Job Title/Designation	on.							
7 Tillo, Boolgilatio								
GCVS would like to	thank you for contributing to Infobas	se; your participation is g	reatly appreciated.					
By signing this sec organisation mention	tion, I agree that I have the requisite a coned herein.	authority to provide this i	nformation on beha	If of the				
I also confirm that I am aware of the Data Protection Act implications, have received the Infobase Information Sheet and have sought answers to any queries or concerns that I may have had prior to signing below.								

Signature:......Date:.....

OTHER GROUP / ORGANISATION CONTACTS