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 Registered Charity No: 1081381 Company Reg'd in England & Wales No: 4024662



Voluntary Youth Project (VYP) Registration Form 2018-2020

THE PROJECT

1. Name of Organisation:			
2. Address of organisation :		3. Tel:	
Postcode:		4. Website:	
5. Facebook:		6. Organisation Email:	
7. Twitter:		8. YouTube:	
9. Are you part of a larger organisation, if so which:			
10. Description of your activity with young people:			
11. What 'Keywords' can we add to this website, so young people can easily search for you (the more words the better please!)? ie youth club, sport, volunteer, Christian.			
12. Name, address and email of contact to whom information should be sent, if different from above:			
13. Cost to join, or attend:			
14. Age of participants:		Minimum:	Maximum:
15. Any other criteria on who can attend:			
16. Meetings days and times: (Do not worry about completing if you're sessions are at irregular times/ days)			
Day	Description of activity and age open to *please specify which months if seasonal	Session time (even if only part yearly)	Ave. no. that attend
Mon			
Tues			
Wed			
Thur			
Fri			
Sat			
Sun			
Additional holiday groups or one off events:			
Please let us know -			
17. How many staff you employ:		What are their total hrs per week?	
18. How many volunteers you have:		What are their total hrs per week?	
19. How many of these are 13-19:			

BOURNEMOUTH GROUPS ONLY

20. We run an accreditation scheme 'Bournemouth Young Volunteers'. It awards certificates, training and celebration event for hours 13-19 year olds spend volunteering.

Have you heard of the Bournemouth Young Volunteers Award: **Yes** **No**
Do you have any young people you could put forward: **Yes** **No** *Please highlight

You will also receive a copy of Bournemouth CVS quarterly newsletter 'VCS Voice' by post.
 We'll contact you once annually about BCVS Membership and you will receive an invite to our AGM

QUALITY ASSURANCE

21. Are your staff and volunteers DBS checked: Yes No	Do you have a safeguarding policy? Yes No
22. Do you carry out regular risk assessments: Yes No	Do you have insurance: Yes No
23. Do you have a registered first aider at your meetings:	Yes No *Please highlight

NEEDS AND SUPPORT

24. Are there any training your staff, volunteers, committee or participants need:

25. Are there any long term concerns, and what support would your organisation benefit from:

NETWORKING AND INFORMATION

26. We hold 4 youth and children networking events per year. 2 'Children and Young Peoples Forums' (0-19 yrs) & 2 'Link Meetings' (13-19yrs)
Are you interested in these networking events: **Yes** **No** *Please highlight
Please specify what days and times are easier for you to attend:

27. Would you like to be added to our E-forums : *Please highlight

VYP	General	Children & Young People	Funding	Older People
Criminal Justice	Health & Wellbeing	Trustee	Council Merger	Volunteer Coordinators

Email address to share with (if different from overleaf):

28. Can the information above be included on 'B-Town Youth' (B'mouth) or 'Up in Poole' websites? **Yes** **No**

DATA PROTECTION

Your information will be securely stored by Bournemouth CVS and never sold to a third party. No additional details will be given to a third party without your prior permission. VYP forms are destroyed after 3 years. If you have indicated in boxes 28 that your information can be made public some of the info provided will be shared with Bournemouth and Poole Council, details you have provided will be on the 'B-Town Youth' website or 'Up in Poole' website. Your consent can be withdrawn at any time.

29. How did you hear about the VYP scheme :

Signature: **Full name (print):**

On behalf of (Group): **Your role:**

Date:

