



## User profile form

### Organisation

Organisation Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

### Primary Contact

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone - Work: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Interpreter required? Yes  No  If, Yes, which language: \_\_\_\_\_

### Secondary Contact

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone - Work: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Interpreter required? Yes  No  If, Yes, which language: \_\_\_\_\_

### Organisation Details

(1) Please tick which of the following best describes your organisation:

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Unincorporated Group                    | <input type="checkbox"/> | Year group formed: _____ |
| Not-For Profit Incorporated Association | <input type="checkbox"/> | Year incorporated: _____ |
| Business                                | <input type="checkbox"/> |                          |
| Government                              | <input type="checkbox"/> |                          |

(2) Does your organisation have public liability insurance? Yes  No

(3) What geographic area does your organisation cover?

\_\_\_\_\_

(4) How is your organisation funded? \_\_\_\_\_

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(5) Please state your organisation's purpose? (eg what it aims to achieve)

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(6) What activities, events or programs does your organisation run or co-ordinate?

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(7) Are these activities for specific ages? Yes  No  If, Yes, please state: \_\_\_\_\_

The following questions are for community groups only

(8) Can non-members access these activities/programs? Yes  No

(9) Are most of your members of a specific ethnicity? Yes  No

If Yes, please state: \_\_\_\_\_

(10) Are most of your members of a specific age group? Yes  No

If Yes, please state: \_\_\_\_\_

(11) How many members are there? \_\_\_\_\_

(12) Are the majority of your members public tenants? \* Yes  No  what percentage: \_\_\_\_%

\* Please note associations may be required to provide proof of public tenant membership, and committee composition and/or purpose.

I \_\_\_\_\_ acknowledge that this information and true and correct.

Signed: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_