

Organisation Name:

Please complete this short form to detail the categories of people your organisation is in regular contact with. If your organisation offers multiple services to a wide range of people, then please feel free to fill in more than one form to reflect this. Thank you.

CONTACT DETAILS	
Contact name	
E-mail	
Telephone number	
Webpage address	
Facebook page <i>The link must be given in full (e.g. <a href="https://www.facebook.com/SeftonCVS">https://www.facebook.com/SeftonCVS</a>)</i>	
Type of Service you offer <i>e.g. Support Group,</i>	
CLIENT / SERVICE USER / MEMBER DESCRIPTION	
	<input type="checkbox"/> Alcohol and Substance Misuse <input type="checkbox"/> Vulnerable Older People <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical Disabilities <input type="checkbox"/> Sexual Health <input type="checkbox"/> Specific Health Condition <input type="checkbox"/> Armed Forces & Families <input type="checkbox"/> BME <input type="checkbox"/> Carers <input type="checkbox"/> Disabled People <input type="checkbox"/> Ex/Offenders <input type="checkbox"/> LGB <input type="checkbox"/> Transgender <input type="checkbox"/> Migrants
ACCESS TO CLIENTS / SERVICE USERS / MEMBERS	
Delivery location <i>(Which areas do you operate in please tick all that apply?)</i>	<input type="checkbox"/> Sefton <input type="checkbox"/> Liverpool <input type="checkbox"/> Knowsley <input type="checkbox"/> Wirral
Newsletters	<b>Do you have a regular Newsletter?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes – How often is it distributed?  Is there a charge to include an article?  <input type="checkbox"/> Yes <input type="checkbox"/> No

Group Meetings	<p><b>Do you have regular forums/support group meetings where we could engage with participants?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Any additional information?</p>
Social Media	<p><b>Do you use social media e.g. Twitter / Facebook to communicate with group members</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>If yes would you be happy to post questionnaires or requests for feedback on behalf of the Combined Board?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
Accessibility – Please let us know here if information needs to be provided to your service users in any of the following formats – please tick as many boxes as required.	<p><input type="checkbox"/> Audio Formats</p> <p><input type="checkbox"/> Braille Information</p> <p><input type="checkbox"/> Easy Read Information</p> <p><input type="checkbox"/> Induction Loops</p> <p><input type="checkbox"/> Large Print Information</p> <p><input type="checkbox"/> Minicom</p> <p><input type="checkbox"/> Sign Language Services</p> <p><input type="checkbox"/> Translation/Interpretation Services</p>
Additional details <i>(If there is any other relevant information you wish to add, please enter in this box)</i>	
<b>ELIGIBILITY</b>	
Gender <i>(Please highlight <b>one</b> option)</i>	<p><input type="checkbox"/> No eligibility restriction</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p>
Minimum age (years) <i>(Age requirement of service users/ members, if applicable)</i>	
Maximum age (years) <i>(Age requirement of service users/members, if applicable)</i>	
Any additional restrictions <i>(If applicable)</i>	

Please return to [klsw@seftoncvcs.org.uk](mailto:klsw@seftoncvcs.org.uk). Alternatively, please return by post to:

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