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| Interlink Survey/ Membership Application Who are we? Interlink RCT is about supporting you to make a difference in your community whether you are an individual, group or organization. We are a charity working with over 500 members in RCT from small community groups to larger charities. | | INTERLINK rct LOGO |
| **We can help you:** | |  |
| * Get more funding * Recruit and support volunteers * Plan and run a project * Get expert help and advice * Develop and grow your group | * Work with other people, communities or organisations * Influence people and decisions that affect you * Have training provided for you and your group * We can help you promote what you do to others.**We are here to help YOU get the help and support you need** | |

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| Organisation: Main Telephone No: | | | | | | |
| Organisation Contacts: | | | | | | |
| Name | | e-mail | | | Mobile No | |
| 1 | |  | | |  | |
| 2 | |  | | |  | |
| 3 | |  | | |  | |
| Address: | | | | | | |
| Website: | | | | | | |
| 1. **What geographical area(s) do you cover?** | | | | | | |
| Cynon  Rhondda  Taff Ely | RCT  RCT & Merthyr | | | National (UK)  National (Wales)  Other (*please specify below)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Aim / Main purpose of your organisation**: (*two or three sentences)* | | | | | | |
| **Who do you work with?** *e.g. children, adults with mental health issues, families, etc* | | | | | | |
| **Please describe your organisation in one or two sentences – this would be used to describe your organisation (***on a website for example***).** | | | | | | |
| **What is your preferred language of communication**  Welsh English  Other (*please specify*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **What services do you provide?** P**lease tick all that apply:** | | | | | | |
| **Health & Social Care**  Chronic Conditions  Community/Social Care  Weight Management  Substance Misuse  Mental Health & Wellbeing  Sexual Health  Befriending/Peer Support  Older People  Healthy Eating/Cooking  Carers  Outdoor Activities  Cancer | | | **Arts, Culture and Heritage**  Drawing/Painting/Sculpture  Music  Dance  Photography  Media/Journalism  Library/Books  Museum  Film  Theatre/Drama  Singing/Choir  Visitor Centre/Attraction  Heritage Conservation | | | **Employability**  Volunteering  Jobs  Confidence Building  Building and Carpentry  Training/Qualifications  Employment (cv/workclubs)  Work Placements  Environmental Work |
| **Community Development and Regeneration**  Community/Social Enterprise  Community Building/Centre  Volunteering  Community Work/Development  Community Learning  Regeneration  Housing | | | **Children,Young People and Families**  Youth Work  Early Years  Family Support  Childcare  Education  Disability  Risky Behaviour | | | **Environment**  Reduce, Reuse, Recycle  Environmental Conservation  Food  Biodiversity  Sustainability  Energy Conservation/  Generation |
| **Information and Advice**  Housing  Financial Advice  Legal Advice  Benefits Advice  Debt Advice  Advocacy | | | **Involving People and Equalities**  Minorities  Older People  Disability  Women  Equalities  BME  Sexuality | | | **Welsh Language**  Promotion  Youth  Nursery Provision  Education |
| **Transport**  Community Transport | | | **Community Safety**  Tenants & Residents  Neighbourhood Watch  Crime Prevention  Domestic Violence | | | **Sports and Leisure**  Outdoor Activities/Walking  Sport |
| **Animal Welfare**  Animal Welfare | | |
| **Are there any criteria for accessing your organisation?** *(e.g. people must be over 18 and living in Tonypandy)* | | | | | | |
| **How many people do you involve and use your services per month?** | | | | | | |
| **How many Committee members have you got?** | | | | | | |
| **How many volunteers do you have in total?** | | | | | | |
| **How many hours on average do they give per month?** | | | | | | |
| **Please tell us if you would you like any advice, support or training?** | | | | | | |
| **Where and when does your groups’ activity take place?** | | | | | | |
| **Do you charge a membership fee? If yes, when do you accept new members?** | | | | | | |
| **Any further information?** | | | | | | |
| **Please tick if you DO NOT want to be an Interlink member** | | | | | | |
| **Please confirm you agree that this information can be shared with others to tell them about what you do?** | | | | | | |
| **Signed: Date:** | | | | | | |
| **DATA PROTECTION**  The information provided will be processed in accordance with the provisions of the General Data Protection Regulation and the Data Protection Act 2018. By signing below you are giving your consent to your data being processed in accordance with the Privacy Notice which can be found at http://www.interlinkrct.org.uk/about-us/ | | | | | | |

