

Sport England East Region mapping survey

SECTION 1: CONTACT DETAILS

- 1a. Name (main contact): Job title:
- 1b. Organisation:
- 1c. Address:
..... Postcode:
- 1d. Telephone No: Fax:
- 1e. Email: Website:
- 1f. Geographical area you serve (please tick one only):
- Housing estate or ward (please specify):
 - Local authority district (please specify):
 - A group of local authority districts (please specify):
 - County (please specify):
 - Eastern region (please specify):

SECTION 2: ABOUT YOUR ORGANISATION

- 2a. How long has your organisation been established? _____ (months/ years)
- 2b. Status of your organisation: (tick those which apply)
- Registered charity (please give number): _____
 - Community/ voluntary group (constituted)
 - Company limited by guarantee
 - Religious/faith group
 - Statutory service (please specify): _____
 - Other (please specify): _____
- 2c. Is your organisation affiliated/members of another organisation/network/ umbrella? (give details)
.....
- 2d. How many workers do you have? Full time Part time Volunteers

SECTION 3: ABOUT YOUR SERVICES

- 3a. Which of the following services does your organisation deliver? (tick those which apply)
- Sports/ leisure participation activities
 - Sports administration/ management
 - Education/ training and employment
 - Crime diversion/ intervention
 - Healthy living/ wellbeing
 - Community/ voluntary sector capacity building
 - Welfare/ law/ citizens Advice
 - Housing/ physical regeneration
 - Other (please specify)

- 3b. Briefly outline your organisation's main aims:

3c. What are the main sources of funding for your activities? (If applicable please specify)

3d. Who are the main partners that you work with to achieve your organisation's aims? (If applicable please specify)

SECTION 4: ABOUT THE PEOPLE YOU REACH

4a. Who are your activities open to? (Tick those which apply)

Male only female only Both

0-5 yr olds 6-15 yr olds 16-24 yr olds 25- 50 yr olds 50 + yr olds

4b. Approximately how many people have used your services over the past 12 months?

4c. Approximately what percentage of your beneficiaries are from Black and/or minority ethnic communities?
.....%

4d. Please outline the MAIN THREE Black and/or minority ethnic groups using your service (if applicable):

1.....

2.....

3.....

4e. Does your organisation target a particular faith/religious group?

No Yes If yes, please state which group

4f. Do people with learning difficulties use your services? No Yes

SECTION 5: FUTURE SUPPORT NEEDS

This section tells us how we may be able to offer future support to organisations such as yours

5a. Which of the following areas does your organisation need support to develop/ improve?

planning quality governance general management

user-centred services staff and volunteers training and development

managing a budget business planning monitoring and evaluation

SECTION 6: GOOD PRACTICE PROJECTS

We would like to find out more about projects that demonstrate good practice in engaging and retaining people from Black and minority ethnic communities in local sport and leisure activities. If you would like to share your project's achievements with us please indicate by providing some details of your project:

THANK YOU FOR FILLING IN THIS QUESTIONNAIRE.

Please return in the freepost envelope provided to:

xyz