

Application by a Youth Group for Assistance

This form (NIYSA) helps youth groups to become **registered** and to apply for EA
Grant-aid for financial year 2017-2018

A. ORGANISATION

Name: _____

Address of Premises: _____

Postcode: _____ Tel. No: _____ Mobile: _____

Government Funding Database Reference Number: _____

Contact E-mail Address: _____

(Please note, this will be the primary point of contact by the Youth Service)

Office Use Only	
Controlled <input type="checkbox"/>	Voluntary <input type="checkbox"/>
Renewal <input type="checkbox"/>	New Application <input type="checkbox"/>
Date Received:	
Level 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
Approved Grant Amount: £	

B. MANAGEMENT COMMITTEE

Chairperson
Mr/Mrs/Ms

Address:
Tel No:
Email:

Postcode:
Mobile No:

Honorary Secretary
Mr/Mrs/Ms

Address:
Tel No:
Email:

Postcode:
Mobile No:

Honorary Treasurer
Mr/Mrs/Ms

Address:
Tel No:
Email:

Postcode:
Mobile No:

Leader-in-Charge
Mr/Mrs/Ms

Address:
Tel No:
Email:

Postcode:
Mobile No:

(PLEASE NOTIFY YOUTH OFFICE IMMEDIATELY OF ANY CHANGES TO ABOVE NAMES/ADDRESSES).

C. CORRESPONDENCE

Only general information, e.g. courses, competitions, etc., will be sent to the leader-in-charge. Grant payment details will be referred to the Hon. Treasurer and any other correspondence will be referred to the Honorary Secretary as named above.

D. CHILD PROTECTION (Tick as appropriate)

Groups must submit their Child Protection Policy.
See enclosed form for vetting requirements.

Previously submitted Enclosed

E. INSURANCE AND HEALTH AND SAFETY

(ALL BUILDINGS MUST COMPLY WITH CURRENT HEALTH & SAFETY AND FIRE REGULATIONS)

Your committee must have adequate insurance cover for activities undertaken and staff employed. (Tick relevant boxes).

Public Liability Employer's Liability Buildings Equipment

F. UNIT CONSTITUTION (Tick relevant boxes)

New applicants **MUST** attach to this form a copy of the Constitutions under which the Organisation operates.

The EA **MUST** be informed of any subsequent changes: Previously submitted:

Enclosed:

G. SATISFACTION SURVEY – TO BE COMPLETED BY THE LEADER

Please indicate your opinion of the services provided by your Youth Office - circle below

VERY POOR : POOR : SATISFACTORY : GOOD : VERY GOOD

Have you any comments or complaints you wish to register?

Are there any changes or improvements we can make to help your organisation?

(If required add a separate page)

H. FINANCE

In all cases a financial statement showing income and expenditure for the past YEAR must accompany this application form – in accordance with the requirements of the Education Authority.

Tick

I. PAYMENT

The Education Authority issues payment by B.A.C.S. (Bankers Automated Clearing Services). This system automatically credits the payee’s account and avoids the possibility of lost or delayed cheques. The group treasurer will receive a remittance advice giving payment details. It is essential that accurate information is provided.

Name of Bank Account: _____

Full Name and Address of Bank: _____

Bank Account No: _____

Bank Branch Sort Code:

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J. Identify TYPE and TENURE of your premises by entering the appropriate code in each of the two boxes provided.

TYPE	Code	TENURE	Code
Purpose-built Youth Club	1	Owned by organisation	9
Exclusive youth services premises	2	Contribution to Church	10
Church Property	3	Rented	11
School	4	Leased and Rented	12
School Youth Wing	5	School facilities	13
Community Building	6	EA youth service provision	14
Council Building	7		
Other (Please specify)	8		

TYPE

TENURE

K. ALL APPLICANTS Please indicate (√) if you wish to receive details of the following:

Training Opportunities

Duke of Edinburgh’s Award

Other (Please specify)

L. DATA ON OPENING AND MEMBERSHIP

Total hours open per week Total weeks open per year Total Membership
 Average Nightly Attendance (Excluding Major Events e.g. discos)

Note:- The Area Youth Officer must be informed of any changes in nights open.

DAY	Session Times e.g. 7-10pm	CLUB SECTION eg Junior, Senior	Age Range	Average Nightly Attendance	Voluntary Staff	Existing Paid Leadership	P/T
MON	am						
	pm						
	evg						
TUES	am						
	pm						
	evg						
WED	am						
	pm						
	evg						
THUR	am						
	pm						
	evg						
FRI	am						
	pm						
	evg						
SAT	am						
	pm						
	evg						
SUN	am						
	pm						
	evg						

Please note all periods when your group will not be operating (give dates)

For grant assistance to be considered, this form must be completed in full, along with a financial statement for the past Year in accordance with the requirements of the Education Authority.

A false declaration will result in non-payment of grant.

Form signed, on behalf of Management Committee, by:-

_____ Position

_____ Date

STATISTICAL RETURN RELATING TO YOUR YOUTH PROVISION
FOR YEAR 1st APRIL 2016 – 31st MARCH 2017

UNIT DETAILS

Name of Unit / Group/ Project: _____

Address of premises: _____

Town: _____ Postcode:

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Please indicate provision type:

Controlled Voluntary Church based Voluntary Community based
 Uniformed Other (Please specify)

Please indicate the type of premises used for youth work delivery:

Purpose built by youth group Church property
 School facility Community Building
 Other (Please specify)

How many **hours per week** does your unit operate youth work programmes:

--

How many youth work **sessions per week** does your unit operate:

--

How many **weeks per year** does your unit operate youth work programmes:

--

On average how many young people attend the youth work **programme per week**

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MEMBERSHIP

Disability is defined as, "a physical or mental impairment which has substantial and long term adverse effect on person or persons ability to carry out normal day-to-day activities".

Using the above definition as a guide please state the number of members with a disability (insert 0 if none)

Total number of enrolled members (Do NOT include leaders)

Age Group	4 -8 years	9 – 13 years	14 – 18 years	19 – 21 years	22 – 25 years	Total
Male						
Female						
Total						

Ethnic background of the young people who access your services

Ethnic origin	White	Chinese	Other Asian	Afro/Caribbean	Irish Travellers	Other
Number						

Perceived religious affiliation of members (in numbers)

Perceived Religion	Protestant	Roman Catholic	Other
Number			

PAID YOUTH WORK STAFF

Paid youth work staff <i>(Do not include ancillary staff)</i>	Number Male	Number Female	Total Number
Paid part-time youth workers (Only funded by EA)			
Full-time youth workers (Only funded by EA)			
Paid part-time youth workers (Not funded by EA)			
Full-time youth workers (Not funded by EA)			
Youth Tutors in schools			

Total hours worked by all Paid Part-time staff in a typical week	Hours per week
Paid part-time hours worked in a typical week (Only funded by EA)	
Paid part-time hours worked in a typical week (Not funded by EA)	

VOLUNTARY YOUTH WORK STAFF

Volunteers are adults who are aged 18+ and have completed:

(a) An Access NI Criminal Records Check, and (b) The Youth Service Child Protection Induction Process

Voluntary youth work staff <i>(Do not include ancillary staff)</i>	Male	Female	Total
Number of Adult volunteer youth workers			
Total hours worked by all Volunteer staff in a typical week	Hours per week		
Eg: A volunteer working 2 hours per night x 2 night per week (2 x 2)	= 4 hours		
Number of part-time hours worked by Volunteers in a typical week			

QUALIFICATIONS - YOUTH WORK STAFF & VOLUNTEERS

Non-Uniformed Training Levels	Number	Uniformed Training Levels	Number
JNC Qualified		Advanced	
EA Part-time Youth Support Worker Qualification <i>or</i> OCN Level 2 & 3 Introduction to Youth Work and Programme Development		Leader / Officer	
No Training		Helpers/Assistants	

Number of youth work staff in each of the age groups below									
Under 18 years		18-25 years		26-35 years		36-50 years		over 50 years	

This is a true and accurate reflection of youth service provision during 2016 – 2017 in

(Unit Name)

Signed: _____ Date: _____

Please return to:

NIYSA GUIDANCE NOTES

NIYSA- Essential Requirement (Pages 1-3)

A Organisation –Youth Groups

Name, Address, Postcode and Contact Details

- A postcode **must** be noted for the Organisation's premises in Section A.
- The organisation **must** supply Contact Details to include a **contactable E-mail address** – any changes to this email address must be notified to the EA Area Office immediately.

B Management Committee

All Youth Groups must have a properly Constituted Management Committee with membership as detailed in the Youth Groups Constitution

- Names and Contact Details of Chairperson, Honorary Secretary, Honorary Treasurer and Leader-in-Charge **must** be supplied in spaces provided on form and nominated individuals should only carry out one role at any time.

D Child Protection

You are asked to note that a unit must submit or have already submitted its "Child Protection Policy" to receive Grant Aid in the 2017/2018 financial year. To be eligible for Registration, organisations should operate a Child Protection Policy adhering to the standards established in "Our Duty to Care". The attached *Child Protection Declaration* form notes significant changes that have arisen as part of the introduction of new Disclosure and Barring Arrangements in September 2012. This form must accompany the NIYSA submission and all units must verify that they are complying with the new guidance. Further information, regarding the vetting and supervising of staff and volunteers, can be found on the DHSSPS website www.dhsspsni.gov.uk

G Satisfaction Survey (To be completed by the Unit Leader)

Please ask your unit leader to circle their opinion of the service provided by the Local Youth Office.

I Payment to Groups

Payment will continue to be made through the B.A.C.S. (Bankers Automated Clearing Services) System. Attention is drawn to the need for accuracy in bank details required on Page 2.

L. Opening and Membership

Critical to the assessment for assistance the following must be accurately detailed

- Total hours open per week
- Total weeks open per year
- Total membership
- Average Nightly Attendance in a typical week excluding (major events e.g. discos)

(Units are advised that a nightly attendance record and a **new annual** record of membership including the name, address, contact/emergency details, should be kept in the unit to assist in the completion of the NIYSA form and for Child Protection and Health and Safety purposes.)

Curriculum Agreements & Reports (Attached)

Please note Curriculum agreements and reports are required to be completed for the financial period 2017-2018. These forms were not issued for the financial period 2016-2017 but we still require as part of the NIYSA registration process for a report to be completed on a Curriculum project for last year (report for 2016-2017 attached)

NIYSA Statistical Return (Pages 4 & 5)

This section of the form refers to the **year 2016-2017** and therefore should be completed in retrospect. The questions in this section should be fairly self-explanatory. However please read the following points of guidance when completing.

Pages 4 and 5 of the NIYSA form are required by the Department of Education, to contribute to Geo-mapping. The project allows the service to locate, categorise and analyse a variety of youth provision, through the use of unit postcodes.

- (i) It is vital that your statistical return specify an accurate postcode for the premises in which your unit operates. Please provide a full address of the premises. If the premises do not have a postcode, then the street or road name and the number of the next house or building will suffice.
- (ii) In respect of youth work programmes please state the hours per week, sessions per week and average attendance in a **typical** week of operation. As well as the number of weeks the unit operates each year.
- (iii) With regard to the Membership section please ensure that accurate numbers are inserted against age ranges of male and female members. Total Membership numbers will also need broken down and equated to complete:-
 - Ethnic background of the young people who access your services
 - Perceived religious affiliation of members
- (iv) Numbers of Youth Work Staff and Volunteers needs to be identified under the specified age ranges with a further breakdown given between male/female paid staff and/or volunteers.
- (v) Qualification of Youth Work Staff and Volunteers i.e. uniformed groups complete the section for uniformed groups (e.g. advanced, leader, helper) and all non-uniformed groups the other (e.g. JNC, locally qualified, no training). Numbers quoted in this qualification section should correlate with the numbers in point (iv) above.
- (vi) Please ensure that where the group uses paid part-time staff that the total number of **paid** hours per week is specified in the relevant boxes provided.
- (vii) Please ensure that the total number of volunteer hours worked in the group is the weekly sum of all volunteer youth work and not a repetition of the number of hours per week the group is open.