



Department of Education
www.deni.gov.uk



Reference Number
(if applicable)

Youth Service Community Relations Support Scheme (YSCRSS)

COMMUNITY RELATIONS DEVELOPMENT PROGRAMME

Programme Report and Financial Statement for 200__ / 200__

This form must be completed at the end of the programme and submitted within one month of the date of completion, together with original receipts, signed and dated. Invoices will not be accepted as proof of payment.

Please give the names and addresses of the units/groups involved in the Community Relations Development Programme. If more than two are involved, please give details on a separate sheet.

Unit/Group _____	Unit/Group _____
Address _____	Address _____
_____	_____
Postcode _____	Postcode _____
Name of Contact _____	Name of Contact _____
Contact Number _____	Contact Number _____
Correspondence Name and Address _____	
(if different from above) _____	

Please note: Correspondence will be with the group named on the left unless otherwise stated.

Dates of the Programme _____

STATISTICS

Number of young people who completed the programme	Male _____	Female _____	Total _____
Age range of young people	Male _____	Female _____	
Percentage of religious mix	Protestant ____%	Roman Catholic ____%	Other ____%
Number of youth workers/leaders involved	Male _____	Female _____	Total _____

Please indicate if any of the following were involved at any stage of the programme.

Parents _____

Management/Advisory Committee _____

ELB Community Relations Officer _____

ELB Youth Officer _____

ELB Senior Youth Worker _____

Other personnel/agencies _____

PROGRAMME EVALUATION

1 What were the main objectives of the programme (what did you expect to achieve by the end of the programme).

2 Comment on the extent to which your programme objectives were achieved.

3 What methods and approaches in your programme to help young people work together, were successful or otherwise? Illustrate.

4 Comment on the quality of contact between the young people throughout the programme and the availability and quality of resources.

5 How were young people involved in the planning, delivery and evaluation of the programme?

6 What difficulties did you experience in delivering your programme?

7 What are your future plans for the development of community relations work in your unit/group?

8 Please highlight any support or assistance you require e.g. training.

9 Please give any other additional comments that you consider noteworthy. For example, benefits within your own unit/group and any impact on local community.

Name of Participants who completed the programme

Unit/Group Name: _____ Unit/Group Name: _____

1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20
21	21
22	22
23	23
24	24
25	25
26	26
27	27
28	28
29	29
30	30

Names of Youth Workers / Leaders

1	1
2	2
3	3

FINANCIAL STATEMENT

TRANSPORT

Grant approved: £

Destination	Date	Cost	Receipt Enclosed
1			
2			
3			
4			
TOTAL			

ENTRANCE CHARGES

Grant approved: £

Venues	Date	Cost	Receipt Enclosed
1			
2			
3			
4			
TOTAL			

HIRE OF PREMISES

Grant approved: £

Venue	Date(s)	Cost	Receipt Enclosed
1			
2			
3			
4			
TOTAL			

MATERIALS

Grant approved: £

Goods	Date	Supplier	Cost	Receipt Enclosed
TOTAL				

OTHER ASSISTANCE

Grant approved: £

	Cost
TOTAL	

RESIDENTIALS

Grant approved: £

Venue	Date	Number of Young People	Cost	Receipt Enclosed
TOTAL				

FINANCIAL SUPPORT FROM OTHER AGENCIES (If you have received support from other agencies please give details)

Agency	Amount
TOTAL	

DECLARATION

We certify that this is an accurate report and financial statement for this programme.

Signed: _____ Unit/Group Leader Date: _____

Signed: _____ Unit/Group Leader Date: _____

Please return this form to:

Ards Arena Resource Centre 62 South Street NEWTOWNARDS Co Down BT23 4JU

FRAUD WARNING

'The information provided on this form may be made available to other departments / agencies for the purposes of preventing or detecting fraud.'

**YOUTH SERVICE STATISTICAL RETURN – COMMUNITY RELATIONS (YSCRSS)
(NB: TO BE COMPLETED ONLY BY NON REGISTERED GROUPS)**

NAME OF GROUP _____
(Lead Body if appropriate)

FULL ADDRESS OF PREMISES _____
(plus postcode)

1. Which of the following description most adequately describes your unit / group? Please circle more than one (if necessary)

Uniformed organisation	1	Controlled youth group	4
Non-uniformed church based	2	Voluntary youth group	5
Community based	3	Other (please specify)	6

THE FOLLOWING INFORMATION APPLIES ONLY TO THE COMMUNITY RELATIONS PROGRAMME FOR WHICH YOU RECEIVED FUNDING.

2. Please state the number of weeks the Community Relations programme operated last year

3. Please state the number of hours per week your community Relations programme involved young people

4. Please give number of participants within the following age groups. Do not include leaders

Age Group	Male	Female	TOTAL
4 – 9			
10 – 12			
13 – 15			
16 – 25			
TOTAL			

5. How many of the young people come from the following ethnic backgrounds?

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

6. On average, how many young people attend per session?

7. 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”
Please indicate number of participants with a disability (insert 0 if none)

8. Please state the perceived religious affiliation of participants (in numbers)

Protestant Roman Catholic Other

9. Please provide details of all Community Relations programme staff, both paid and voluntary. Do not include ancillary staff. Please also quantify the staff training levels in the right hand box

	Male	Female	TOTAL	Non-Uniformed	
Number of voluntary staff				Qualified	
Number of paid part-time staff				Accredited	
Full-time Youth Workers				Recognised	
Youth Tutor(s)				Trainee / Unqualified	

10. If your group employs part-time staff for youth work, please state the combined total hours paid hours per week

11. Please state the total number of voluntary hours worked in your unit / group specifically during this programme
per week per programme

12. Please indicate the numbers of youth work staff falling into the age groups below

Under 18 18 – 25 26 – 35 36 – 50 over 50