



Department of
Education
www.deni.gov.uk



Reference Number
(if applicable)

Youth Service Community Relations Support Scheme (YSCRSS)

PREPARATORY WORK

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.

Name of Unit / Group _____

Dates of Programme _____

Number of young people who completed the programme:

Male _____ Female _____ Total _____

Age range: 4-9 yrs _____ 10-12 yrs _____ 13-15 yrs _____ 16-25 yrs _____

Names Of Participants:

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |

Total number of Youth Workers / Leaders involved: _____

How many of these have undertaken Community Relations Training? _____

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 (please specify) _____

PROGRAMME EVALUATION:

1 What were the main objectives of the programme? (What did you expect to achieve?)

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 What specific opportunities were provided to explore community relations issues?

5 How were young people involved in 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.

FUTURE PLANS

How do you intend to develop this programme?

FINANCIAL STATEMENT

Please complete the table below with details of expenditure for this programme under the headings given.
Submit original, itemised receipts, correctly numbered and securely attached to this form. Invoices will not be accepted as proof of payment.

ITEM	AMOUNT	RECEIPT NUMBER/S
Transport		
Entrance Charges		
Hire Of Premises		
Materials		
Residential		

If you have received financial support from other agencies for this programme, please give details:-

DECLARATION

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

Signed: _____ Unit / Group Leader Dated: _____

Signed: _____ Unit / Group Treasurer Dated: _____

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 attended 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