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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ORGANISATION NAME: |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is your organisation open during this Covid-19 period? Please ✓ | Yes |  | If Yes, please answer further questions | | | | | | | | | | | | | | No | |  | | | If No. Please give a brief description below | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How are your services being delivered Please ✓ | Phone |  | On line | | |  | Virtual (e.g. zoom) | | | | | |  | | other | | | | |  | please state | | | | | | | |
| In which areas of Bury do you operate Please ✓ | Bury Wide | | |  | Prestwich | | | |  | Whitefield | | | |  | | Radcliffe | | | | | |  | Bury East | |  | Ramsbottom |  |
| What services are you currently delivering given the present situation and restrictions |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Can your organisation offer interventions or activity on any of the following? Please describe below your offer/service in the context of COVID** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Poverty |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Family pressures |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What else do you feel your Organisation could offer to families? |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have DBS Checked Volunteers |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Emotional support for isolated parents |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Support for parents with behaviour management in the home (via secure web portal) |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Support in schools |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Support with ideas for home activities |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| if you provide legal advice is this support still available during the current Covid-19 crisis |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is there anything else your Organisation may be able to offer specific to domestic abuse? Particularly interested in your offer on a day-to-day basis. |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is your Organisation facing any issues/difficulties during this period? Please ✓ | Yes |  | If Yes, please give details below | | | | | | | | | | | | | | No | |  | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is there anything your Organisation needs in order to continue operating in the current period? |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bury VCFA maybe required to share this information with other agencies Please ✓ | | | | | | | | Yes | | |  |  | | | | | | No | | | |  | |  | | | |
| We are happy to have information about our services with contact details promoted on social; media etc Please ✓ | | | | | | | | Yes | | |  |  | | | | | | No | | | |  | |  | | | |
| Person completing form |  | | | | | | | | | | | | | | | | | Email | | | |  | | | | | |
| Signature | *Electronic-signatures will be accepted as binding during the Covid-19 crisis* | | | | | | | | | | | | | | | | | Date | | | |  | | | | | |

Thank you for your information. Please return completed form to [admin@buryvcfa.org.uk](mailto:admin@buryvcfa.org.uk)