



Please return the completed form to:

**Children in Northern Ireland, Unit 9, 40 Montgomery Road, Belfast, BT6 9HL** or send by fax: **028 9070 9418**

**ORGANISATION DETAILS:**

Organisation Name: .....

Project Name: (if applicable) .....

Organisation Address: .....

.....

..... Postcode: .....

Contact Person: .....

Telephone Number: ..... Fax Number: .....

Email Address: ..... Web Address: .....

**TYPE OF ORGANISATION**

(Please tick all appropriate boxes)

Statutory	<input type="checkbox"/>	Housing	<input type="checkbox"/>
Health and Social Care	<input type="checkbox"/>	Private	<input type="checkbox"/>
Community	<input type="checkbox"/>	Juvenile Justice	<input type="checkbox"/>
Education	<input type="checkbox"/>	Faith based	<input type="checkbox"/>
Voluntary	<input type="checkbox"/>	Other Please Specify.....	
.....			
.....			

**MAIN AGE GROUP(S) OF CHILDREN AND YOUNG PEOPLE THAT BENEFIT FROM YOUR SERVICE**

(Please tick all appropriate boxes)

0-4 Years     5-11 Years     12-16 Years     17-18 Years     19-25 Years



**WHAT MODEL OF ADVOCACY DO YOU WORK UNDER?**

(Please tick which applies)

Independent Professional Advocacy	<input type="checkbox"/>	Self Advocacy	<input type="checkbox"/>
Citizen Advocacy	<input type="checkbox"/>	Peer Advocacy	<input type="checkbox"/>
Collective/ Group Advocacy	<input type="checkbox"/>	Policy Advocacy	<input type="checkbox"/>
Other Please Specify.....			

**WHICH THEME OF ADVOCACY DOES YOUR PROJECT/ ORGANISATION WORK UNDER?**

(Please tick which applies)

- Safeguarding people who are vulnerable and discriminated against or whom services find difficult to serve.
- Empowering people who need a stronger voice by enabling them to express their own needs and make their own decisions.
- Enabling people to gain access to information, explore and understand their options, and to make their views and wishes known.
- Speaking on behalf of people who are unable to do so for themselves.

**Ref: (Principles and Standards in Independent Advocacy organisations and groups, Advocacy 2000)**

**HOW WOULD YOU CATEGORISE THE ADVOCACY SERVICES YOU PROVIDE?**

(Please tick all appropriate boxes)

Addiction (Drug & Alcohol)	<input type="checkbox"/>	Lesbian, Gay, Bisexual or Transgender (LGBT)	<input type="checkbox"/>
Ethnic Minority	<input type="checkbox"/>	Children in care	<input type="checkbox"/>
Adoption	<input type="checkbox"/>	Lone Parents	<input type="checkbox"/>
Fostering	<input type="checkbox"/>	Children's rights	<input type="checkbox"/>
Asylum seekers	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>
Health	<input type="checkbox"/>	Disability	<input type="checkbox"/>
Children and Young People in conflict with the Law	<input type="checkbox"/>	Parenting	<input type="checkbox"/>
Homelessness	<input type="checkbox"/>	Domestic Abuse	<input type="checkbox"/>
Care Leavers	<input type="checkbox"/>	Poverty	<input type="checkbox"/>
Leisure	<input type="checkbox"/>	Early Years	<input type="checkbox"/>
Child Protection	<input type="checkbox"/>	Education	<input type="checkbox"/>

Other Please Specify.....

.....



**PLEASE GIVE A BRIEF DESCRIPTION/ AIMS OF THE ADVOCACY SERVICES PROVIDED BY YOUR ORGANISATION:**

.....  
.....  
.....

**PLEASE TICK BELOW THE GEOGRAPHICAL AREAS COVERED BY YOUR SERVICE**

All of N. Ireland	<input type="checkbox"/>	Magherafelt	<input type="checkbox"/>
Please tick all relevant councils areas below:		Strabane	<input type="checkbox"/>
Armagh	<input type="checkbox"/>	North Down	<input type="checkbox"/>
Antrim	<input type="checkbox"/>	Dungannon	<input type="checkbox"/>
Cookstown	<input type="checkbox"/>	Carrickfergus	<input type="checkbox"/>
Derry	<input type="checkbox"/>	Moyle	<input type="checkbox"/>
Castlereagh	<input type="checkbox"/>	Omagh	<input type="checkbox"/>
Banbridge	<input type="checkbox"/>	Belfast	<input type="checkbox"/>
Ballymena	<input type="checkbox"/>	Newry & Mourne	<input type="checkbox"/>
Larne	<input type="checkbox"/>	Coleraine	<input type="checkbox"/>
Fermanagh	<input type="checkbox"/>	Newtownabbey	<input type="checkbox"/>
Ards	<input type="checkbox"/>	Limavady	<input type="checkbox"/>
Craigavon	<input type="checkbox"/>	Lisburn	<input type="checkbox"/>
Ballymoney	<input type="checkbox"/>	Down	<input type="checkbox"/>

By selecting an area above assumes that your service is available to the entire council area.

**OTHER GEOGRAPHY**

(If your organisation covers a geography lower than council area please list these areas covered below (towns/villages/ward areas):

.....  
.....

**SIGNATURE**

I agree that the details provided above can be made available on the Children in Northern Ireland website

Sign: ..... Date: .....