



*Barbados Association of
Non Governmental Organisations*

REGISTRATION OF ORGANISATIONS BY SECTORS

(PLEASE PRINT)

DATE: _____

ORGANISATION NAME	
ADDRESS WHERE THE OFFICIAL ADDRESS OF YOUR ORGANISATION IS IN CARE OF A MEMBER, PLEASE WRITE THE NAME OF THE MEMBER.	
TELEPHONE NUMBER	
E-MAIL ADDRESS	
FAX NUMBER	

DOES YOUR ORGANISATION HAVE A CONSTITUTION:

YES NO

IS YOUR ORGANISATION REGISTERED WITH CORPORATE AFFAIRS:

YES NO

PLEASE PRINT

OFFICERS

PRESIDENT		
TEL. NO.		E-MAIL

SECRETARY		
TEL. NO.		E-MAIL

TREASURER		
TEL. NO.		E-MAIL

SECTORS:

TICK THE CATEGORY BELOW IN WHICH YOUR ORGANISATION FITS. IF YOUR ORGANISATION FITS INTO MORE THAN ONE CATEGORY PRIORITISE THE CATEGORIES AS INDICATED BY THE HEADINGS. IF YOUR ORGANISATION DOES NOT FIT INTO ANY OF THE SUGGESTED SECTORS PLEASE WRITE IN YOUR SECTOR AT THE BOTTOM OF THE LIST.

Priority 1	Priority 2	Priority 3	Priority 4
<input type="checkbox"/> Youth	<input type="checkbox"/> Youth	<input type="checkbox"/> Youth	<input type="checkbox"/> Youth
<input type="checkbox"/> Gender	<input type="checkbox"/> Gender	<input type="checkbox"/> Gender	<input type="checkbox"/> Gender
<input type="checkbox"/> Health	<input type="checkbox"/> Health	<input type="checkbox"/> Health	<input type="checkbox"/> Health
<input type="checkbox"/> Service Club	<input type="checkbox"/> Service Club	<input type="checkbox"/> Service Club	<input type="checkbox"/> Service Club
<input type="checkbox"/> Sports	<input type="checkbox"/> Sports	<input type="checkbox"/> Sports	<input type="checkbox"/> Sports
<input type="checkbox"/> Culture	<input type="checkbox"/> Culture	<input type="checkbox"/> Culture	<input type="checkbox"/> Culture
<input type="checkbox"/> Environment	<input type="checkbox"/> Environment	<input type="checkbox"/> Environment	<input type="checkbox"/> Environment
<input type="checkbox"/> Education	<input type="checkbox"/> Education	<input type="checkbox"/> Education	<input type="checkbox"/> Education
<input type="checkbox"/> Children	<input type="checkbox"/> Children	<input type="checkbox"/> Children	<input type="checkbox"/> Children
<input type="checkbox"/> Elderly	<input type="checkbox"/> Elderly	<input type="checkbox"/> Elderly	<input type="checkbox"/> Elderly
<input type="checkbox"/> Poverty Alleviation	<input type="checkbox"/> Poverty Alleviation	<input type="checkbox"/> Poverty Alleviation	<input type="checkbox"/> Poverty Alleviation
<input type="checkbox"/> Tourism	<input type="checkbox"/> Tourism	<input type="checkbox"/> Tourism	<input type="checkbox"/> Tourism
<input type="checkbox"/> Disabled	<input type="checkbox"/> Disabled	<input type="checkbox"/> Disabled	<input type="checkbox"/> Disabled
<input type="checkbox"/> Community Development	<input type="checkbox"/> Community Development	<input type="checkbox"/> Community Development	<input type="checkbox"/> Community Development
<input type="checkbox"/> Entertainment	<input type="checkbox"/> Entertainment	<input type="checkbox"/> Entertainment	<input type="checkbox"/> Entertainment
<input type="checkbox"/> Human Rights & Justice	<input type="checkbox"/> Human Rights & Justice	<input type="checkbox"/> Human Rights & Justice	<input type="checkbox"/> Human Rights & Justice
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE PRINT

SECTOR ACTIVITIES:

WRITE A LIST OF PROJECTS OR ACTIVITIES WHICH YOUR ORGANISATION HAS DONE OR IS DOING AND ANY WHICH YOU ARE PLANNING FOR THE FUTURE. THE LIST NEEDS NOT BE EXHAUSTIVE SINCE THE PURPOSE OF THIS LIST IS TO GIVE AN IDEA OF YOUR ORGANISATION'S ACTIVITIES.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.

FUNDING:

DOES YOUR ORGANISATION RECEIVE AN ANNUAL SUBVENTION FROM GOVERNMENT?

HAS YOUR ORGANISATION RECEIVED A GRANT/FUNDING IN THE LAST 12 MONTHS?

NATIONAL PARTICIPATION:

DOES YOUR ORGANISATION SIT ON ANY STATUTORY BOARDS OR GOV'T COMMITTEES?
IF YES, PLEASE LIST THEM

IF YOU WANTED TO PARTNER WITH A MINISTRY, WHICH MINISTRY OR DEPARTMENT IS BEST SUITED TO YOUR ORGANISATION?

PLEASE PRINT

CAPACITY:

DOES YOUR ORGANISATION HAVE AN OFFICE?

IF NO, WOULD A DESK AND SPACE IN AN EXISTING OFFICE DO?

DOES YOUR ORGANISATION EMPLOY STAFF?

IF YES, HOW MANY AND WHAT LEVEL OF STAFF DO YOU EMPLOY?

<i>LEVEL OF STAFF</i>	<i>AMOUNT</i>
ADMINISTRATIVE	
PROFESSIONAL	
CLERICAL	
GENERAL WORKERS	

TRAINING:

WHAT TRAINING REQUIREMENT IS OF PRIORITY TO YOUR ORGANISATION?

- LEADERSHIP
- ACCOUNTING
- PROPOSAL WRITING
- NGO MANAGEMENT
- OFFICE PROCEDURES
- CONDUCTING MEETINGS
- SURVEYS & STATISTICAL ANALYSIS

OTHER

FOR OFFICIAL USE ONLY

Date received:

NOTES: _____
