STATISTICAL RETURN RELATING TO YOUR YOUTH PROVISION FOR YEAR 1st APRIL 2019 – 31st MARCH 2020

UNIT DETAILS

Name of unit/group/project _____

Address of premises _____

Town _____ Postcode _____

Please indicate provision type:

Controlled ☐ Voluntary Church based ☐ Voluntary Community based ☐

Uniformed ☐ Other (Please specify) _____

Please indicate the type of premises used for youth work delivery:

Purpose built by youth group ☐ Church property ☐

School facility ☐ Community Building ☐

Other (Please specify) _____

How many **hours per week** does your unit operate youth work programmes: ☐

How many youth work **sessions per week** does your unit operate: ☐

How many **weeks per year** does your unit operate youth work programmes: ☐

On average how many young people attend the youth work **programme per week** ☐

MEMBERSHIP

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*".

Using the above definition as a guide please state the number of members with a disability ☐ *(insert 0 if none)* ☐

Total number of enrolled members *(do NOT include leaders)*						
Age Group	**4 -8 years**	**9 – 13 years**	**14 – 18 years**	**19 – 21 years**	**22 – 25 years**	**Total**
Male						
Female						
Total						

Ethnic background of the young people who access your services						
Ethnic origin	**White**	**Chinese**	**Other Asian**	**Afro/Caribbean**	**Irish Travellers**	**Other**
Number						

Perceived religious affiliation of members *(in numbers)*			
Perceived Religion	**Protestant**	**Roman Catholic**	**Other**
Number			

PAID YOUTH WORK STAFF

Paid youth work staff *(Do not include ancillary staff)*	**Number Male**	**Number Female**	**Total Number**
Paid part-time youth workers **(Only funded by EA)**			
Full-time youth workers **(Only funded by EA)**			
Paid part-time youth workers **(Not funded by EA)**			
Full-time youth workers **(Not funded by EA)**			
Youth Tutors in schools			

Paid part-time hours per week	**Hours per week**
Paid part-time hours worked in a typical week ***(only funded by EA)***	
Paid part-time hours worked in a typical week ***(not funded by EA)***	

VOLUNTARY YOUTH WORK STAFF

Voluntary youth work staff *(Do not include ancillary staff)*	**Male**	**Female**	**Total**
Number of volunteer youth workers (age 18+)			
Total hours worked by all **Volunteer** staff in a typical week	**Hours per week**		
Eg: *A volunteer working 2 hours per night x 2 night per week (2 x 2)*	***= 4 hours***		
Number of part-time hours worked by Volunteers in a typical week			

QUALIFICATIONS – YOUTH WORK STAFF & VOLUNTEERS

Non-Uniformed Training Levels	**Number**	**Uniformed Training Levels**	**Number**
JNC Qualified		Advanced	
EA Part-time Youth Support Worker Qualification *or* OCN Level 2 & 3 Introduction to Youth Work and Programme Development Development		Leader / Officer	
No Training		Helpers/Assistants	

Number of youth work staff in each of the age groups below									
Under 18 years		**18-25 years**		**26-35 years**		**36-50 years**		**over 50 years**	

STATISTICAL RETURN - 1st APRIL 2019 to 31st MARCH 2020

Supplementary Question

Please find below the supplementary question on the Engagement Framework.

Some organisations will have availed of training on the completion of this and we would ask that all those organisations complete the form below and return with their statistical return form. For those organisations who have not availed of training guidance documentation is attached and/or there is video guidance available at www.eani.org.uk/youth

This is an easy to follow step by step guidance to completing the Engagement Framework. We would encourage you to read the guidance and/or watch the video and complete the form below for return with your statistical form.

Engagement Framework

Using the guidance note provided, consider and assign each young person in your membership to one of the categories of engagement listed below. Count each young person in one category only. The total number should be equal to the total number of your membership.

Engagement Category	Number
Contact	
Engagement	
Active Participation	
Maximising Potential	
TOTAL	

This is a true and accurate reflection of youth service provision during 2017-2018 in

_____

(unit name)

Signed _____ Date _____

Please return to