

Joint Monitoring Form

2011/2012

Joint Monitoring

Name of organisation	Harrow Carers
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Monitoring Form – Guidance notes

You have been sent the Joint Monitoring Form because your organisation will or has received more than £10,000 during 2011/12 from Harrow Council. This could mean that you have received funding from more than one department, or your total funding from one department exceeds £10,000. It is a condition of your funding agreement that you provide monitoring information when requested and failure to do so could affect any future payments that are made to your organisation.

To assist you in completing this monitoring form, many of the boxes have been completed for you based on information your organisation has already provided. You are also required to complete Appendix A which requests information about the cost of the project and the number and diversity of people who have/are benefiting from the project. Please ensure that you complete **all** sections of this document, making sure that you save a separate copy for **each** project for which you receive funding from Harrow Council, e.g. if you are funded for two projects, you will need to save a separate copy for each.

Please check the information where it has been completed on your behalf. If it is incorrect please provide the correct details in where indicated.

The form should be completed electronically on a computer. The Adobe Reader software for opening and entering information can be downloaded at no charge from <http://get.adobe.com/uk/reader>. You should save a copy for your records and return a copy to us by the deadline shown below.

You should provide your information on the monitoring form and Appendix A. If you have additional information that you wish to submit then please ensure that all documents are clearly marked with your organisation's details and project name.

Please return your completed monitoring form by email to jointmonitoringform@harrow.gov.uk or by post to:

Joint Monitoring
Harrow Council
Room 152, Civic Centre
Station Road,
Harrow HA1 2XF

Completed forms should be returned by: **12:00 Midday on Thursday, 3rd November 2011.**

If your monitoring form is not completed and returned by this date, this will be recorded and could affect future funding decisions.

If you have any difficulties meeting this deadline you should report it at the earliest opportunity.

If you have any queries regarding the completion of this form please email; jointmonitoringform@harrow.gov.uk

List of projects

Funder's Name	Project Name	Amount	Is your project run by volunteers	No. of volunteers	No. of volunteer hours	Is your project run by paid staff	No. of staff	No. of staff hours
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

Any other funding

Funder's Name	Project Name	Amount
1.		
2.		
3.		
4.		
5.		
6.		

1. Organisation Contact Details

If the contact details below are incorrect or have changed, please enter the correct details in the column on the right.

Name of organisation		
Organisation address		
Post code:		
Organisation address (if different to above)		
Post code:		
Telephone		
Fax		
Website:		

1.1

Contact Person 1		New Contact Person 1 details
Name		
Position in organisation		
Telephone		
Email address:		

1.2

Contact Person 2		New Contact Person 2 details
Name		
Position in organisation		
Telephone		
Email address:		

2. About your organisation

2.1 If the information you provided previously has changed, please enter your correct details in the "Other" column.

Company limited by guarantee		Friendly society <i>(Registered with Financial Service Authority)</i>	
Reg. No:		Reg. No:	
Mutual Society <i>(Registered with Financial Service Authority)</i>		Part of a regional or national organisation	
Reg. No:		Reg. No:	
Registered Charity		Residents' Association	
Reg. No:			
Partnership <i>(please describe with no more than 200 characters)</i>			
Other <i>(please describe with no more than 200 characters)</i>			

2.2 When was the organisation set up?

	1996
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2.3 Is the brief description for your organisation's aims and objectives that you provided previously, still the same?

Please provide a brief description with no more than 800 characters.

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3. Management Structure and Accountability

3.1 What is the process for recruiting and selecting management committee members?

Please provide a brief description with no more than 800 characters.

3.2 How often are management meetings held? Who has access to these meetings, for example can staff, volunteers, members of the public and users attend and participate?

Please provide a brief description with no more than 800 characters.

3.3 Please give details of any training staff and/or volunteers have received in the past year?

Please provide a brief description with no more than 200 characters.

Training	Please state Yes, No or Not applicable	Number of staff who have been trained	Number of volunteers who have been trained	Any other comment, e.g. if the required training has not been carried out
Fire safety				
Health and safety				
Manual handling				
Food hygiene				
First aid for adults				
First aid for children/babies				
Risk assessment				
Safeguarding children				
Safeguarding adults				
Others (please specify below)				
Other non-training support e.g. Supervision				

Please provide brief answers to the following questions of no more than 400 characters for each of the following questions.

3.4 If there are any major new developments/ achievements, please state.

3.5 Did you encounter any unexpected problems or issues during the period, and how did you deal with them?

3.6 Please tell us about any parts of your projects which have gone particularly well.

3.7 Any accreditation awarded with reference number(s) and renewal date(s).

4. Health and Safety / Business Continuity

What systems, policies and procedures do you have in place for meeting your health and safety obligations and to ensure Business Continuity in respect of the following?

Please provide a brief description with no more than 200 characters for each:

Informing staff about health and safety policies and procedures	
Undertaking Risk assessments (Also including those activities that take place outside your usual premises, e.g. day trips.)	
Fire safety checks and fire drills	
Electrical safety checks	
Portable Appliance (PAT) Testing	
Obtaining Criminal Records Bureau (CRB) checks for your staff/volunteers	
Child protection and protection of vulnerable adults	
Business Continuity	

N.B. If these policies have been updated since the last time you sent them to the council, please forward them with this Self-Assessment Form. Health and Safety policies should be updated each year.

5. Evidence Checklist

To be made available for inspection at the monitoring visit.

Accessibility (Evidence)	Accounting procedures (copy)	Accounts/financial statement (copy)
Activities taking place (evidence)	AGM – <u>last</u> meeting's Agenda and Minutes	Child Protection policy
Complaints (sample copy)	Complaints policy	Constitution (copy)
Copy of Bank Statement	CRB checks (evidence)	Developments/achievements (evidence)
Employment procedure / policies	Ethnicity monitoring forms for staff/volunteers/users	Evidence of improvements/changes
Fire safety check report	Feedback forms/user surveys (samples of completed forms)	Health & safety policy and action plan
Income and expenditure records (current)	Insurance certificates and policies	Interpreting services used (evidence)
Risk assessment procedures/examples	MC meetings Minutes and Agenda (last two MC meetings)	Staff contracts (sample copy)
Publicity material for funded activities/services (evidence)	Staff team/individual meeting notes	Staff/volunteer expenses claim forms (sample form)
Staff/volunteers' files	Staff/volunteers' handbook	Training & Development records
Translated publicity materials (sample copy)	Volunteers' policy	Vulnerable Adults policy
Whistle-blowing Policy		

5.1 Are any of the beneficiaries of your project children? YES NO

If YES, you must confirm by ticking the box on the left that you have a policy for the protection of children.

5.2 Are any of the beneficiaries of your project vulnerable adults at risk of harm? YES NO

If YES, you must confirm by ticking the box on the left that you have a policy for the protection of vulnerable adults at risk of Harm

6.1

SCHEDULE 1 - SERVICE SPECIFICATION

Name of organisation

Name of Project **Core**

Funding Allocated **£**

Number of beneficiaries

Background of organisation as described in the application form

Aims & Objectives of Project

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Access to the Project

Project Delivery - where the project will be delivered

- | | |
|---|---|
| 1 | 4 |
| 2 | 5 |
| 3 | 6 |

Availability and Frequency of Project

Who the project will be delivered by Both Paid Staff Volunteers

**Outcome /
Output**

Activity

**How success is
measured**

Evidence

Response

a

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**Outcome /
Output**

Activity

**How success is
measured**

Evidence

Response

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**Outcome /
Output**

Activity

**How success is
measured**

Evidence

Response

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6.2

SCHEDULE 1 - SERVICE SPECIFICATION

**Name of
organisation**

Name of Project *Advocacy*

**Funding
Allocated** £

Number of beneficiaries

Background of organisation as described in the application form

Aims & Objectives of Project

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Access to the Project

Project Delivery - where the project will be delivered

- | | |
|---|---|
| 1 | 4 |
| 2 | 5 |
| 3 | 6 |

Availability and Frequency of Project

Who the project will be delivered by Both Paid Staff Volunteers

**Outcome /
Output**

Activity

**How success is
measured**

Evidence

Response

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**Outcome /
Output**

Activity

**How success is
measured**

Evidence

Response

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**Outcome /
Output**

Activity

**How success is
measured**

Evidence

Response

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6.3

SCHEDULE 1 - SERVICE SPECIFICATION

**Name of
organisation**

Name of Project **BME Carers Outreach**

**Funding
Allocated** **£**

Number of beneficiaries

Background of organisation as described in the application form

Aims & Objectives of Project

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Access to the Project

Project Delivery - where the project will be delivered

- | | |
|---|---|
| 1 | 4 |
| 2 | 5 |
| 3 | 6 |

Availability and Frequency of Project

Who the project will be delivered by Both Paid Staff Volunteers

**Outcome /
Output**

Activity

**How success is
measured**

Evidence

Response

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**Outcome /
Output**

Activity

**How success is
measured**

Evidence

Response

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**Outcome /
Output**

Activity

**How success is
measured**

Evidence

Response

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6.4

SCHEDULE 1 - SERVICE SPECIFICATION

Name of
organisation

Name of Project **Mental Health carers**

Funding
Allocated £

Number of beneficiaries

Background of organisation as described in the application form

Aims & Objectives of Project

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Access to the Project

Project Delivery - where the project will be delivered

- | | |
|---|---|
| 1 | 4 |
| 2 | 5 |
| 3 | 6 |

Availability and Frequency of Project

Who the project will be delivered by Both Paid Staff Volunteers

**Outcome /
Output**

Activity

**How success is
measured**

Evidence

Response

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**Outcome /
Output**

Activity

**How success is
measured**

Evidence

Response

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**Outcome /
Output**

Activity

**How success is
measured**

Evidence

Response

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6.6

SCHEDULE 1 - SERVICE SPECIFICATION

**Name of
organisation**

Name of Project **Volunteering**

Funding***
Allocated**

Number of beneficiaries

Background of organisation as described in the application form

Aims & Objectives of Project

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Access to the Project

Project Delivery - where the project will be delivered

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|---|---|
| 1 | 4 |
| 2 | 5 |
| 3 | 6 |

Availability and Frequency of Project

Who the project will be delivered by Both Paid Staff Volunteers

**Outcome /
Output**

Activity

**How success is
measured**

Evidence

Response

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**Outcome /
Output**

Activity

**How success is
measured**

Evidence

Response

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**Outcome /
Output**

Activity

**How success is
measured**

Evidence

Response

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6.6

SCHEDULE 1 - SERVICE SPECIFICATION

**Name of
organisation**

Name of Project **Volunteering**

Funding.....
Allocated

Number of beneficiaries

Background of organisation as described in the application form

Aims & Objectives of Project

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Access to the Project

Project Delivery - where the project will be delivered

- | | |
|---|---|
| 1 | 4 |
| 2 | 5 |
| 3 | 6 |

Availability and Frequency of Project

Who the project will be delivered by Both Paid Staff Volunteers

**Outcome /
Output**

Activity

**How success is
measured**

Evidence

Response

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**Outcome /
Output**

Activity

**How success is
measured**

Evidence

Response

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**Outcome /
Output**

Activity

**How success is
measured**

Evidence

Response

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6.7

SCHEDULE 1 - SERVICE SPECIFICATION

**Name of
organisation**

Name of Project **Positive psychology**

**Funding
Allocated**

Number of beneficiaries

Background of organisation as described in the application form

Aims & Objectives of Project

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Access to the Project

Project Delivery - where the project will be delivered

- | | |
|---|---|
| 1 | 4 |
| 2 | 5 |
| 3 | 6 |

Availability and Frequency of Project

Who the project will be delivered by Both Paid Staff Volunteers

**Outcome /
Output**

Activity

**How success is
measured**

Evidence

Response

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**Outcome /
Output**

Activity

**How success is
measured**

Evidence

Response

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**Outcome /
Output**

Activity

**How success is
measured**

Evidence

Response

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6.8

SCHEDULE 1 - SERVICE SPECIFICATION

**Name of
organisation**

Name of Project **Short Breaks for Disabled Children & Carers**

**Funding
Allocated**

Number of beneficiaries

Background of organisation as described in the application form

Aims & Objectives of Project

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Access to the Project

Project Delivery - where the project will be delivered

- | | |
|---|---|
| 1 | 4 |
| 2 | 5 |
| 3 | 6 |

Availability and Frequency of Project

Who the project will be delivered by Both Paid Staff Volunteers

**Outcome /
Output**

Activity

**How success is
measured**

Evidence

Response

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**Outcome /
Output**

Activity

**How success is
measured**

Evidence

Response

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**Outcome /
Output**

Activity

**How success is
measured**

Evidence

Response

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6.9

SCHEDULE 1 - SERVICE SPECIFICATION

**Name of
organisation**

Name of Project **Short Breaks for Disabled Children & Carers**

**Funding
Allocated**

Number of beneficiaries

Background of organisation as described in the application form

Aims & Objectives of Project

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Access to the Project

Project Delivery - where the project will be delivered

- | | |
|---|---|
| 1 | 4 |
| 2 | 5 |
| 3 | 6 |

Availability and Frequency of Project

Who the project will be delivered by Both Paid Staff Volunteers

**Outcome /
Output**

Activity

**How success is
measured**

Evidence

Response

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**Outcome /
Output**

Activity

**How success is
measured**

Evidence

Response

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**Outcome /
Output**

Activity

**How success is
measured**

Evidence

Response

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7 Any other comments.

If any details about the project have changed, eg, where the project is delivered, who is delivering the project, or, if you anticipate an under-spend or over-spend, how this will be funded, or any other issues / changes.

Please provide a brief description with no more than 1600 characters.

DECLARATION

I declare that to the best of my knowledge, this form has been completed correctly. I declare that the funds made available by Harrow Council have been used only for the purposes set out in the Service Level Agreement for 2011/2012 and that I have complied with any conditions imposed by Harrow Council on the payment of the funding.

Name of Organisation			
Contact details:			
Address			
Postcode			
E-mail address			
Contact Telephone numbers		Fax numbers	

Name (in capitals):

Position in Organisation:

The joint self-assessment form must be signed by a person holding a senior position of responsibility within the organisation.

Signature:

Date:

**Please complete the Joint Self-Assessment Form and return it
No later than 12:00 noon Thursday 3rd November 2011.**

Where it is not possible to submit all the required information, please provide an explanation.

Forms should be returned by email to:

jointmonitoringform@harrow.gov.uk

or by post to

**Joint Monitoring
Harrow Council, Civic 1 Room 152, Civic Centre,
Station Road, Harrow, HA1 2XF**