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| --- | --- | --- | --- | --- | --- | --- |
| Organisation Name |  | Date |  | Start |  | |
| Finish |  | |
| Contact Name |  | Role |  | | | |
| Email |  | Telephone No |  | Skype |  | |
| Preferred contact method |  | Website |  | | | |
| Organisation type  (tick all that apply) | Charitable Incorporated Organisation  Community Interest Company  Unincorporated association  Registered charity  Registered company  Start-up/new organisation | Charity no (if applicable) |  | | | |
| Company/CIC no (if applicable) |  | | | |
| When was your organisation set up? |  | Does your organisation have a supporter/donor database? | Yes  No | You’re your organisation have a business plan? | | Yes  No |
| Most recent annual turnover | £ | Monthly operating budget | £ | Reserves | | £ |
| Current funding sources (for example grants, major donors) |  | What particular aspect of fundraising do you require support with? |  | | | |
| Desired appointment outcome |  | | | | | |