

EQUAL Project Data on Employer Engagement

Meeting date: 22/2/06

(NB: Answers to questions in one box) ✓ = yes or ✗ = no

I confirm that to my best ability that all the information contained & mentioned in this presentation has been given	Co-ordinator:
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I confirm that the Co-ordinator has presented me with the information about BCP and the services it can offer me	Placement Officer:
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1. Project information

Name: Outreach Community Support Walk (Sussex Deaf Association)
 Address: Carlton Hill, Brighton Post Code: BN2 0GH
 Telephone: 671899 Fax: 625283
 Email: Sue@sussexdeaf.com + Neil@sussexdeaf.com
 Website: www.sussexdeaf.com
 Registered Office: Address if different: Post Code:
 Principal decision maker: Name: Sue Standing
 Tel: Mob:
 Placement Officer: Name: Use Helen Lang Ext:
 Do you have a Team? If so what size?

Notes: Offer Deaf Awareness Training for Employers. Centre is a charity & is a deaf centre

2. About your project

Is your organisation a social enterprise?
 How long have you been in business? years
 What category(s) best describe your organisation? (Please tick one or more boxes)

- | | | | |
|--|-------------------------------------|------------------------------------|--------------------------|
| Training in Construction | <input type="checkbox"/> | Training in Administration | <input type="checkbox"/> |
| Training in Catering | <input type="checkbox"/> | Training in Motor vehicles | <input type="checkbox"/> |
| Training in Holistic Therapies | <input type="checkbox"/> | Training in Parenting | <input type="checkbox"/> |
| Training in Radio | <input type="checkbox"/> | Vocational Skills | <input type="checkbox"/> |
| Skills for Life Training <u>CVs etc.</u> | <input checked="" type="checkbox"/> | ICT Training | <input type="checkbox"/> |
| Mentoring Support | <input type="checkbox"/> | Work Placements | <input type="checkbox"/> |
| ESOL | <input type="checkbox"/> | Working with Offenders | <input type="checkbox"/> |
| Working with adults with social deficits | <input type="checkbox"/> | Working with ex-substance misusers | <input type="checkbox"/> |

- Working with the Homeless Working with BMEs
- Working with Asylum Seekers Working with people with ^{sensory} disabilities
- Working with people with mental health issues Working with Over 50s
- Working with ESOL Working with LGBT
- Working with Youth Offenders Working with people from deprived areas
- Working with NEETS

Notes: *With placements + finding work they refer to Helen Lang.*

3. Organisation Details

Do you belong to a business association? *NA. Above* If yes, please specify.....

Are you involved with any accrediting organisation?

- UK Accreditation Service www.ukas.com
- International Standards Organisation (ISO) www.iso.ch/iso/en/ISOOnline.frontpage
- Investors In People (IIP) www.iipuk.co.uk
- Other, please specify

4. Employee / staff details (EQUAL Project)

How many employees are there? 1 - 15 16 - 100 101 - 249 250+

Number of staff (not including trainees): Male Female

Number of working directors/partners: Male Female

Ethnicity	White	<input checked="" type="checkbox"/> Asian	Black	Chinese	Mixed Parentage	Other
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How many Non-UK EU Nationals? Male Female

Do you know if any of your staff consider themselves to have a disability?

If so, how many? *2*

Do you make any reasonable re-adjustments in your workplace for any of your employees?

5. Current Beneficiary Situation

How many beneficiaries *target* How many beneficiaries in placements

How many placements

Notes: *Deaf Awareness Training to employers 10*

6. Employer Relationship Management

Do you currently use a database to record your interaction with businesses? *Basic*

If not, how do you currently record this interaction? ... *contact forms*

Would you be interested in training on databases?

Would you be interested in training on employer relationship managements?

Do you currently engage your employers in any kind of network/forum? ... *No.*

Would you be interested in sharing best practice examples with other EQUAL projects?

Would you be interested in sharing work placement opportunities with other EQUAL projects? *not applicable*

If not, what areas do you see as possible barriers to preventing you?

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Can these barriers be solved by additional training of yourself or staff?

7. What do you know about BCP? Action by Co-ordinator

CommunityMark

Info Pack presented

Cares

Info presented

ProHelp

Info Presented

BCP Membership

Info Presented

Further Action by Co-ord

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Notes/Action: *Will pass info to Patricia Mitchell - Manager.*

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