



# COMMUNITY INFORMATION SERVICES

## ORGANISATION INFORMATION DATA COLLECTION FORM

Community Information Services (LMOO), Locked Bag 72, SCMC, Qld. 4560.  
Phone: (07) 5475 8925 Fax: (07) 5475 8959  
Email: [cis@sunshinecoast.qld.gov.au](mailto:cis@sunshinecoast.qld.gov.au); WEB: [www.sunshinecoastcis.qld.gov.au](http://www.sunshinecoastcis.qld.gov.au)

### 1. Full name of your Organisation

Abbreviation (if applicable)	In which month is your AGM <u>usually</u> held?

### 2. Name(s) of Contact Person(s)

1st Contact
Work Phone (Home)
Fax
2nd Contact
Work Phone (Home)
Fax
3rd Contact
Work Phone (Home)
Fax

### 3. Meeting Location Address

No. & Street
Town/Suburb
Postcode

### 4. Postal Address

No. & Street/PO Box
Town/Suburb
Postcode

### 5. Email Address

### Internet WEB Site Address

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### 6. Briefly describe the purpose of your organisation?


**7. Which people are assisted by your organisation or participate in your activities (eg young people, aged persons, general public) etc?**


**8. Do you provide any of these services (please ✓ if available for public use)?** ✓

Venue	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>
Equipment	<input type="checkbox"/>
	<input type="checkbox"/>
Resources	<input type="checkbox"/>
Catering Service	<input type="checkbox"/>
Other	<input type="checkbox"/>

**9. Does your organisation produce a newsletter?**

Yes (please ✓)	No (please ✓)
Size of Newsletter (number of pages)?	
Number of Newsletters distributed?	
How often is the Newsletter distributed?	
Do you accept advertising sponsorship or articles from outside your membership?	

**10. Name or ✓ area or locations you cover.**

Specific Towns
Shire (Caloundra/Maroochy/Noosa)
Sunshine Coast
Other

**11. What are your hours of operation?**


**12. What languages (other than English) does your organisation assist with or use?**


**13. What transport (if any) is available to people you assist?**


**14. What fees do you charge?**


**15. What disabled persons access/services are available from your organisation and/or to your venue?**


**16. Other information you consider relevant about your organisation**


**17. I understand that the above details are available to the public**

(Signature).....

Name of Person completing this form:  
Mr/Mrs/Ms

Date:.....

Thank you for your assistance