**Contact Details**

|  |  |
| --- | --- |
| Befriending Project Name |  |
| Organisation Name |  |
| Contact Name, Job Title |  |
| Contact Email & Telephone |  |

**Service Information**

|  |  |
| --- | --- |
| Is there funding is in place or has a funding application been made to sustain the service (s) for the next 12 months? | [ ]  **Yes** [ ]  **No** |
| How many paid staff currently work in the befriending service(s)? |  |
| List the roles of befriending staff & the average number of hours each staff members spends on befriending/week |  |
| What is the maximum number of matches you would support at any one time? |  |
| Do you offer open-ended or time-limited befriending? | [ ]  **open-ended** [ ]  **time-limited** [ ]  **both** |
| Have there been any significant changes to the service(s) or challenges faced? | [ ]  **Yes** [ ]  **No***If ‘Yes’ please specify:*  |
| Have there been any significant/notifiable events to OSCR/Charity Commission? | [ ]  **Yes** [ ]  **No***If ‘Yes’ please specify:* |
| Please indicate whether any of the recommendations in your QiB Feedback Report have been implemented for the service(s): |  |
| How has achieving QiB been beneficial to your service?  |  |

*I have the authority to complete this Monitoring form on behalf of the named organisation and declare the information submitted is accurate.*

Signed: Date:

**Return the completed form to: INSERT CONTACT DETAILS by DATE, the anniversary of your Award.**