

**CHARITIES SAFETY GROUP
QUESTIONNAIRE**

The purpose of this questionnaire is to review and determine what members actually want and expect from the CSG

| | |
|--|--|
| Name: | |
| Organisation: | |
| Telephone Number: | |
| Do you wish to remain on CSG's Mailing List? | |
| Are you currently a member of CSG? | |
| Have you ever been a member of CSG? | |

| | | |
|---|--|---|
| A. CSG initiatives. | | |
| | | |
| Do you attend Quarterly Meetings? | | If no please give reason: |
| | | |
| Do you attend Practical Workshops? | | Comments welcomed: |
| | | |
| Are the topics usually relevant to you and your organisation? | | If no what topic(s) would you like covered? |
| | | |



| | | |
|---|--|--------------------|
| Have you received the CSG Newsletter? | | Comments welcomed: |
| | | |
| Have you visited the CSG website www.csg.org.uk ? | | Comments welcomed: |
| | | |

B. What can CSG do for you?

| | | |
|--|-------------------------------------|--|
| How would you like CSG to support you in the future? | | |
| | Regular meetings | |
| | Practical workshops | |
| | Helpdesk | |
| | Resources online | |
| | Specialist/Practical help | |
| Given the choice where would you prefer meetings to be held (Tick Box) | | |
| London <input type="checkbox"/> | Birmingham <input type="checkbox"/> | Bristol <input type="checkbox"/> Manchester <input type="checkbox"/> |

C. Do you require assistance or training for any of the following?

Answers will help us identify topics for future member workshops, training resources and the type of information to include on the CSG website.

| | Assistance | Training | | Assistance | Training |
|-------|------------|----------|-------|------------|----------|
| Topic | | | Topic | | |

| | | | | | |
|---------------------------------|--|--|---------------------------------|--|--|
| 1 Health and Safety Policies | | | 2 General Risk Assessments | | |
| | | | | | |
| 3 Managing Health & Safety | | | 4 Fire Safety (inc Assessments) | | |
| | | | | | |
| 5 Hazardous Substances | | | 6 Moving & Handling | | |
| | | | | | |
| 7 Computer Safety (DSE) | | | 8 Public Safety | | |
| | | | | | |
| 9 Vulnerable Persons | | | 10 Work Equipment | | |
| | | | | | |
| 11 Work Environment | | | 12 H&S and Volunteers | | |
| | | | | | |
| 13 Lone Workers (inc Off Site) | | | 14 Personal Safety (Violence) | | |
| | | | | | |
| 15 Stress | | | 16 Accident Reporting/Analysis | | |
| | | | | | |
| 17 Food Safety/Hygiene | | | 18 Charity Shops | | |
| | | | | | |
| 19 Charity Events (Fundraising) | | | 20 Health & Safety Law | | |
| | | | | | |

Please enter your TOP FIVE topics in order of preference in the boxes below

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

Please enter any other topics where assistance or training might be required:

_____ Assistance/Training _____
 Assistance/Training

_____ Assistance/Training _____
 Assistance/Training

| D. About your organisation | |
|---|--|
| What is your organisation's main 'business' function? | |
| Is it located on more than one site? | |
| If located on more than one site is the organisation multi-functional i.e. office, shop, home, hospice etc. | |
| Does your organisation employ a safety specialist? | |

| | |
|--|--|
| If a safety specialist is not employed, where do you get H&S advice? | |
| | |
| Does your organisation have a LAPS agreement? | |
| | |
| If so, with which local authority | |
| | |
| Would you be willing to take part in a more detailed questionnaire about your organisation's health and safety arrangements? | |
| | |

Do you have any comments or suggestions?

Thank you for completing this form.

My email contact address is: _____