



## **SPORT IN OUR COMMUNITY**

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### **Needs Analysis Questionnaire Appendix 1**

**May 2006**

Ref: \_\_\_\_\_

Project Ref: \_\_\_\_\_

## **NEEDS ANALYSIS QUESTIONNAIRE**

The Sport in Our Community Programme is a programme aimed at increasing levels of participation of sport and physical activity in areas of high social and economic disadvantage. It is delivered through the Sports Council of Northern Ireland (SCNI) and funded by the Department of Culture, Arts and Leisure (DCAL). We are interested in ensuring that the programme is targeted effectively. Other Programmes have shown that age, marital status, disability, employment status and geographical location all affect whether or not you participate in a sport.

As part of the monitoring and evaluation process we would like to get a 'snapshot' of the current levels of participation in sport and physical activity in your area. We would like your group/organisation to provide the following information. All information will be treated confidentially.

Ref: \_\_\_\_\_

Project Ref: \_\_\_\_\_

**SECTION 1: Contact Details**

Group/Organisation Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Catchments Area/Wards: \_\_\_\_\_

**Contact Person 1:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Tel No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_

**Contact Person 2:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Tel No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_

Ref: \_\_\_\_\_

Project Ref: \_\_\_\_\_

## SECTION 2: Group/Organisation Details

How long has your Group/Organisation been involved in sport and physical activity? \_\_\_\_\_

Is your group properly constituted?      Yes       No

Does your Group have formal/written policies in:

Child Protection      Yes       No

Equity Opportunities Policy      Yes       No

Other (please state): \_\_\_\_\_

\_\_\_\_\_

Please list the main sports/physical activities provided by your groups/organisation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your group/organisation affiliated to any governing body of sport?      Yes       No

If yes please name:

\_\_\_\_\_

\_\_\_\_\_

How many adults are involved in you group/organisation?

*(This involves participants, coaches, administrator and volunteers.)*

Total No: \_\_\_\_\_

Ref: \_\_\_\_\_

Project Ref: \_\_\_\_\_

Please provide a breakdown if available:

**Men**

**Women**

Age 16 – 24 \_\_\_\_\_

Age 16 – 24 \_\_\_\_\_

Age 25 – 34 \_\_\_\_\_

Age 25 – 34 \_\_\_\_\_

Age 35 – 54 \_\_\_\_\_

Age 35 – 54 \_\_\_\_\_

Age 55 – 64 \_\_\_\_\_

Age 55 – 64 \_\_\_\_\_

Age 65 + \_\_\_\_\_

Age 65+ \_\_\_\_\_

**Total** \_\_\_\_\_

**Total** \_\_\_\_\_

How many young people are involved in you group/organisation?

*(This involves participants, coaches, administrator and volunteers.)*

Total No: \_\_\_\_\_

Please provide a breakdown if available:

**Boys**

**Girls**

Under 10 \_\_\_\_\_

Under 10 \_\_\_\_\_

Under 12 \_\_\_\_\_

Under 12 \_\_\_\_\_

Under 14 \_\_\_\_\_

Under 14 \_\_\_\_\_

Under 16 \_\_\_\_\_

Under 16 \_\_\_\_\_

**Total** \_\_\_\_\_

**Total** \_\_\_\_\_

Does your group/organisation organise sport and physical activity for the following groups? *If yes, please state activity.*

Children (0 – 12) Yes  No  \_\_\_\_\_

Young people (13 – 16) Yes  No  \_\_\_\_\_

Older people (55+) Yes  No  \_\_\_\_\_

People with Disabilities Yes  No  \_\_\_\_\_

Women Yes  No  \_\_\_\_\_

Ethnic minorities Yes  No  \_\_\_\_\_

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Project Ref: \_\_\_\_\_

Do you keep a record of the number of your members/participants who are people with a disability?

*If yes, please state numbers.*

Adults Yes  No  \_\_\_\_\_

Young People (13 – 16) Yes  No  \_\_\_\_\_

Children (0 – 12) Yes  No  \_\_\_\_\_

**Total** \_\_\_\_\_

Do you keep a record of the numbers of your members/participants who are from and ethnic minority?

*If yes, please state numbers.*

Adults Yes  No  \_\_\_\_\_

Young People (13 – 16) Yes  No  \_\_\_\_\_

Children (0 – 12) Yes  No  \_\_\_\_\_

**Total** \_\_\_\_\_

Ref: \_\_\_\_\_

Project Ref: \_\_\_\_\_

### SECTION 3: Coaching Capacity

How many coaches/volunteers does your group have? \_\_\_\_\_

Please list any training/coaching qualification that you coaches currently hold and any projected training needs over the next three years (list numbers).

Sports Specific Training	No. Qualified		No. Needed	
	Men	Women	Men	Women
IFA Mini-Soccer Leaders Award				
IFA Teachers Certificate				
IFA European B Football License				
IFA Coaching Disabled Footballers				
UBA Basketball Assistant Coach Award				
UBA Basketball Introductory Award				
UBA Basketball Level 1 Award				
UBBUI Badminton Club Coach Award				
IRFU Leprechaun Rugby				
UBTI Tennis Assistant Club Coach (Level 0)				
UBTI Tennis Level 1 Award				
GAA Foundation Level Gaelic Football				
GAA Level 1 Gaelic Football				
GAA Foundation Level Hurling/Camogie				
GAA Level 1 Hurling/Camogie				

Ref: \_\_\_\_\_

Project Ref: \_\_\_\_\_

Sports Specific Training	No. Qualified		No. Needed	
	Men	Women	Men	Women
UBIHU Hockey Foundation Award				
UBIHU Hockey Level 1				
NINA Mini Netball Award				
NINA Netball Teachers Award				
Boccia Preliminary Teachers Award				
Bocce (Special Olympics)				
Sport for All Leaders Award				
Sportsability Adapted Games Training				
ECB Intro To Cricket Award				
ECB Level 1				
CNI Fitness Instructor Award				
YMCA Circuit Training				
YMCA Exercise To Music				
YMCA Step Aerobics				
Other (including other disability awards)				
1.				
2.				

Please list any generic qualifications that participants/members currently hold and any projected generic training needs over the next three years (list numbers):

Ref: \_\_\_\_\_

Project Ref: \_\_\_\_\_

Generic Training	No. Qualified/ Completed		No. Needed	
	Men	Women	Men	Women
Child Protection Training				
First Aid				
NCF Working with Children				
SCNI Equity Training				
Project Management (funding, planning)				
Disability Awareness Training				
Other (please specify)				
1.				
2.				

Ref: \_\_\_\_\_

Project Ref: \_\_\_\_\_

## SECTION 4: Facilities/Amenities

### Facilities

Does your group/organisation own or lease any sports facilities?

Yes  No

If yes, please detail what they are eg 10m x 20 m indoor hall:

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If you own or lease facilities, are they accessible for people with disabilities?

Yes  No

If yes, please describe the accessible facilities (eg accessible changing rooms, courts):

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How many hours per week would you use the facilities that you own/lease? \_\_\_\_\_

Do any of the facilities that you use/own require modernisation?

If yes, please detail: \_\_\_\_\_

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Ref: \_\_\_\_\_

Project Ref: \_\_\_\_\_

If you do not lease or own any sports facilities, what facilities do you use?

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## Transport

Do you own or lease your own transport?      Yes       No

If yes, please give details: \_\_\_\_\_

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How much does this cost? \_\_\_\_\_

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How often is this transport used (hrs/week)? \_\_\_\_\_

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If you own or lease transport, is it accessible for people with disabilities?      Yes       No

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## **SECTION 5: Cross-Community Work**

Has your group/organisation been involved in any cross-community venture in the past three years? Please detail:

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Would your group/organisation be prepared to work in a cross-community venture with the Sport in Our Community Programme?

Yes  No

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Project Ref: \_\_\_\_\_

## SECTION 6: Links with Schools

Do you have any sporting links with school(s) in your area?

Yes  No

If yes, please list three key schools:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please give brief details of the links with the schools eg facility hire, coaching programmes etc: \_\_\_\_\_

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If your group/organisation does not have a link with a school, would the opportunity of developing one be of interest to you?

Yes  No

If yes, which school(s)?

1. \_\_\_\_\_
2. \_\_\_\_\_

In what ways would your group/organisation like to develop links with schools?

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Ref: \_\_\_\_\_

Project Ref: \_\_\_\_\_

**SECTION 7: Increasing Participation in Sport and Physical Activity**

Please identify three ways in which the Sport in Our Community Programme could best increase participation in sports and physical activity in your local area:

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please identify three ways in which the Sport in Our Community Programme could best increase participation in sports and physical activity in your local areas for people with disabilities:

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THANK YOU FOR YOUR HELP**