



SUPPORTING AND EMPOWERING REFUGEES

NEW ROOTS



## EXPRESSION OF INTEREST FORM EVALUATION TOOL FOR REFUGEE INTEGRATION

Date: \_\_\_\_\_

### 1. ORGANISATIONAL DETAILS

Name of organisation: \_\_\_\_\_

Address of organisation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Town/City \_\_\_\_\_ Post code: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

When was your organisation set up? Month: \_\_\_\_\_ Year: \_\_\_\_\_

Do you have a Constitution or Memorandum and Articles of Association? Yes  No

Total income in the last financial year? (April 2017-March 2018): £ \_\_\_\_\_

### 2. HOW WOULD YOU DESCRIBE YOUR ORGANISATION?

2.1 Does your organisation deliver services to newly recognised refugees? Yes  No

2.2 Does your organisation provide frontline services to refugee and their families? Yes  No

2.3 Does your group/organisation serve a single nationality (e.g. Somali, Iranian)? Yes  No

Please specify: \_\_\_\_\_

2.4 If you have answered No to the question above please specify the nationalities your group/organisation does serves?

\_\_\_\_\_

\_\_\_\_\_

2.5 Is your organisation/group specialist (for example, serving only women, elderly, disabled, mental health)? Yes  No

Please specify: \_\_\_\_\_





SUPPORTING AND EMPOWERING REFUGEES

NEW ROOTS



### 3. WHAT SERVICES DOES YOUR ORGANISATION DELIVER TO REFUGEES

Which of the following services your organisation is currently delivering or has been delivering to new refugees particularly adult and/or their families? Please tick all that apply	
Welfare benefits	<input type="checkbox"/>
Immigration documentation	<input type="checkbox"/>
Advice on housing	<input type="checkbox"/>
Health, mental health and wellbeing services	<input type="checkbox"/>
Training, skills development and career advice	<input type="checkbox"/>
Employment and requalification	<input type="checkbox"/>
Family reunion	<input type="checkbox"/>
Women only support	<input type="checkbox"/>
Access to financial services	<input type="checkbox"/>
Any other services that facilitates integration. Please specify	<input type="checkbox"/>

### 4. MONITORING ACTIVITIES & MEASURING YOUR OUTCOMES

**Please give us a short description of how you monitor your activities and how you measure the outcomes of your services (300 words maximum)**

Which of the following statements apply to your organisation with regard to having access to an advanced, interactive and visual evaluation tool for refugee integration?	
We have our monitoring system, we don't need another tool.	<input type="checkbox"/>
We believe there is a need for a new evaluation tool that makes it easy to analyse data and use it for many purposes (fundraising, policy, impact assessment, reporting etc.)	<input type="checkbox"/>

Which of the following statements apply to your organisation with regard to how you want to get involved in developing the Evaluation tool?	
We are very happy to contribute only to the development of the evaluation tool	<input type="checkbox"/>
We are very happy to contribute only to the testing of the evaluation tool	<input type="checkbox"/>
We are very happy to contribute to both developing and testing of the evaluation tool	<input type="checkbox"/>





SUPPORTING AND  
EMPOWERING  
REFUGEES

NEW  
ROOTS



Does your organisation have the capacity to commit time for 8 quarterly meetings until October 2020?

Yes  
No

  

**Please state the reasons why your organisation wants to be involved in the design and/or testing of a new evaluation tool for refugee integration and what you expect to achieve through your involvement (300 words maximum).**

