## Preview of Checklist Questions for Map Submissions For info only - please fill out the online form <a href="here">here</a>.



Your organisation details	What is your organisa number?	ation's phone
What is the name of your organisation or group?	Please note that this will appendix. If your service does not phone number please leave	ot have a public
What type of organisation / group is it?	What email address contact your organis on?	
Unconstituted	Please note this will appear	on the map
Community Interest Company (CIC)		
Social Enterprise	Which of the following	ng social media
Registered Charity	platforms is your ser (Tick all that are relevant)	vice on?
Other:	Facebook	
	Instagram	
How is your organisation funded?	Twitter (X)	
Individual Giving	LinkedIn	
National Funders	None of the above	
Local Grants and Funds	Other:	
Local Authority Commissioned		
NHS Commissioned		
Corporate Sponsorship / Funding		
Other:	Your service d	etails
	Please provide a des	cription of your
How many staff does your organisation employ?	service / organisatio publicly on the map.	n to appear
How many volunteers does your organisation have?	NB: This need only be a few lines to flavour of your ethos and support of multiple forms of support please for specifically to perinatal mental heat give brief wider context about what	offer. If you provide ocus on those relating alth (you can of course
	offers)	
6 Organisation / service website:		

	Please provide a postcode or name of a location where it would make	15	Where do you deliver your services? Please tick all that apply
	most sense for a pin to appear on our map to represent your service		Community venue
	If it is hard to provide one specific location please leave blank and we will support you with this		Telephone
	further		Online
			Home visits
12	Geographical areas where your		Outdoors
	service operates If your service does not have a physical, face-to-		Other:
	face presence please state 'online' or appropriate equivalent		
		16	Who delivers your service? Please tick all that apply
			Trained volunteers
	Which periods does your service		Paid staff
13	provide support during?		Other
	Pregnancy		Other:
	Post-natal (up to 2 years post		
	pregnancy)	17	What service specialisms do you offer?
	Other:		Please tick all that apply  Note that this question refers to specific
			services or areas of focus e.g. you run a specific group for young parents as opposed to young parents are welcome to join your group
14	What are your main service areas? Please tick all that apply		Partners / fathers
	Peer support (121)		Young parents
	Peer support (group)		Race / ethnicity / culture / faith
	Signposting		Disability
	Advocacy / advice		Baby loss
	Counselling / therapy		Neonatal Neonatal
	Listening / befriending		LGBTQIA+
	Doula services		Neurodiversity
	Patient voice		None of the above
	Information		Other:
	Workshops		- Contraction
	Helpline		
	Other:		

18	How do people refer into your	
	service? Please tick all that apply	
	Self-referral	
	Professional referral	
	Drop-in (without referral)	
	, ,	
	Other:	
19	Please provide a couple of sentences about how people refer into your service and what they can expect (this will appear on the map entry) e.g. to self-refer into our service please complete	4
	the online form on our website. Someone will be in touch with you within 7 days to have an informal chat and to direct you to the most appropriate group / service.	
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	Your contact details	
These	will not appear on the map entry	
20	What is your name? Please provide first and last name	
21	What is your job title / position in your group or organisation?	
22	What email address would you like us to contact you on?	
_		
23	What phone number can we contact you on?	

## Your data

- We'd love to keep you informed of our upcoming news, events and training. Please either opt in or out of our email mailing list.
  - Opt in please add me to the mailing list
- Opt out please do not add me to the mailing list
- Please note that information contained in this form will be stored and processed as part of our legitimate interests. Full details are contained in our privacy notice.

https://heartsandmindspartnership.org/privacy-policy

Please contact us at hello@heartsandmindspartnership.org with any questions or concerns

Please now proceed to the final page of the form to see our self-assessment checklist questions



## **Organisation Self-Assessment Checklist** Please tick the relevant box



The intention of our online map resource is to signpost vulnerable parents and HCPs to safe, inclusive, quality VCSE services. Therefore, this checklist helps us and you to review key criteria in order to be featured. As such, inclusion on the map is not automatic. To ensure the map features safe, inclusive, quality services, each application will be reviewed internally and, in order to safeguard users, this usually involves an informal chat once the checklist has been submitted.

However, the Hearts & Minds Partnership is not here to police the sector. We will not ask for copies of documents. Our aim is to support organisations in their development - if you are concerned that there are areas missing please do let us know and we can chat about this in the next stage.

<b>D</b> D	We don't have anything in place at the moment but we're working on it	We have started putting this in place, but it needs developing a bit more	This is an established part of our organisation and is under constant review as we grow and change	We would appreciate chatting with the H&M team about this as aren't sure how to answer it
Adult & child protection policies				
DBS checks for all staff & volunteers				
Data protection / GDPR policies				
Confidentiality agreement				
Training for staff & volunteers				
Support & Supervision for staff & volunteers				
Diversity & inclusion policies				
Inclusive recruitment processes / policies				
Equality / diversity / inclusion training for staff & volunteers				