|  |  |
| --- | --- |
| **Name of Organisation:** |  |
| **Reference number (as per grant agreement letter):** |  |
| **Name of project:** |  |
| **Date of start/completion:** |  |
| **Date of report:** |  |
| **Total grant award:** | **£** |

|  |
| --- |
| **Please provide a summary of your project** (Copy this from the project summary in your application form) |
|  |

**Please fill in numbers below relating to the first six months of your project ONLY:**

|  |  |
| --- | --- |
| Number of sessions/activities run |  |
| Number of paid staff /volunteers involved in delivering the project |  |
| Total Number of client attendances |  |
| Number of individual clients |  |
| Number of clients that are Wandsworth residents |  |
| Number of clients who attended communal food sessions (if applicable) |  |
| Total number of attendances at communal food sessions (if applicable) |  |
| Total number of clients signposted to other services |  |

**Demographic information**

**Age**

|  |  |
| --- | --- |
| Total number of clients aged under 60 |  |
| Total number of clients aged between 60 – 70 |  |
| Total number of clients aged between 70 – 80 |  |
| Total number of clients aged between 80 – 90 |  |
| Total number of clients aged over 90 |  |
| Total number of clients who prefer not to say |  |

**Gender**

|  |  |
| --- | --- |
| Total number of clients identifying as male |  |
| Total number of clients identifying as female |  |
| Total number of clients identifying as other |  |
| Total number of clients who prefer not to say |  |

**Ethnicity**

|  |  |
| --- | --- |
| Total number of clients identifying as White |  |
| Total number of clients identifying as Black, Asian, Minority Ethnic |  |
| Total number of clients identifying as Other |  |
| Total number of clients who prefer not to say |  |

**Sexuality**

|  |  |
| --- | --- |
| Total number of clients identifying as LGBTQ+ |  |
| Total number of clients identifying as Heterosexual |  |
| Total number of clients who prefer not to say |  |

**Disability**

|  |  |
| --- | --- |
| Total number of clients identifying as having a disability |  |
| Total number of clients who prefer not to say |  |

**Carer status**

|  |  |
| --- | --- |
| Total number of clients identifying as being an unpaid carer |  |
| Total number of clients identifying as living with/having and unpaid carer |  |
| Total number of clients who prefer not to say |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Declaration:**  I confirm, as an authorised signatory of the Organisation, that this report is an accurate record of activities undertaken. | | | |
| **Name:** | | | |
| **Position or Job Title in relation to the activity:** |  | **Signature:** |  |
|  |  | **Date:** |  |

Please email your **Quarterly Monitoring Form** to: [outreach@ageukwandsworth.org.uk](mailto:outreach@ageukwandsworth.org.uk)