

Report Request Form



Infobase Team
GCVS
11 Queens Crescent
Glasgow
G4 9AS

Date of request:

Date required:

T: 0141 332 2444

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reports.infobase@gcvs.org.uk

| | | | |
|----------------------------------|--|--|---|
| Name: | | GCVS Member: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Organisation: | | Type of Organisation: | Community / Voluntary organisation <input type="checkbox"/> |
| Phone: | | | Statutory Agency <input type="checkbox"/> |
| Email: | | | Private Sector company <input type="checkbox"/> |
| Address: | | | Student <input type="checkbox"/> |
| | | | University / research centre <input type="checkbox"/> |
| | | Research consultant / company <input type="checkbox"/> | |
| | | General public <input type="checkbox"/> | |
| How did you hear about Infobase? | | | |

| | | | |
|---|---------------------------------------|---|--------------------------------|
| Outline of information requested: (please give brief details) | | | |
| | | | |
| (office use only) | Mailing List <input type="checkbox"/> | Dataset Updating <input type="checkbox"/> | Other <input type="checkbox"/> |

| | | | |
|---|--|---------------------------------------|---|
| What will the information be used for? (please tick box and give brief details) | | | |
| Funding application <input type="checkbox"/> | Market research <input type="checkbox"/> | Commercial <input type="checkbox"/> | Campaign for sector <input type="checkbox"/> |
| Service planning <input type="checkbox"/> | Other research <input type="checkbox"/> | Consultation <input type="checkbox"/> | Community Engagement <input type="checkbox"/> |
| Other (please specify) <input type="checkbox"/> | | | |
| Will the information be made available to anyone else? | | | |
| Yes <input type="checkbox"/> (please specify) No <input type="checkbox"/> | | | |
| Could you obtain this information from any other sources? | | | |
| Yes <input type="checkbox"/> (please specify) No <input type="checkbox"/> | | | |
| Will updated information be required at a later date? | | | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |