



Stichting Projecten Zuid-Afrika (SPZA)
 Librijesteeg 105, 3011 HN Rotterdam NL
 Fax. NL 084-7352214. Fax. ZA 086-5122860
info@spza.org | www.spza.org
 KvK 30164717 | ANBI | CBF Certificaat KGD
 Transparantprijs 2008 +2011+2012
 3e plaats Trouw GoedeDoelen Top 50 2011+2012
 TRIODOS Bank 39-04-37-603
 IBAN: NL51 TRIO 0390 4376 03
 BIC/SWIFT: TRIONL2U

REPORTING FORM FOR OUT-OF-SCHOOL ACTIVITIES

during school terms (after care) or during school holidays (holiday school)

See page 2: How to complete a PDF form

Name of reporting organisation:

.....

- 1) Please return the completed form as soon as possible but no later than one month after the end of your programme.
- 2) Submit one completed form per programme (holiday school, after care programme)
- 3) E-mail the completed form, signed and dated + annexes to: info@spza.org or fax this form + annexes to: 086-5122860 (fax number in South Africa).

BEFORE YOU PROCEED, PLEASE READ THE FOLLOWING CAREFULLY:

Your report will help us tremendously!

We would like to compare your plans with what actually happened. Don't worry if plans and what happened do not match exactly. That is pretty normal as long as you can explain why. **HOWEVER:** you must contact us first before you decide on major alterations. If you are not sure: please get in touch!

Let us know **what worked** for you and **what did not**. Tell us about the lessons you learnt during the execution of your programme/project and where you think you can improve. We like learning organisations and so do our donors. The more we know about you, the better we can raise funds for your next programme.

Please understand that we do not like to read big reports so **keep it short and simple** (KISS). Give us facts and figures and just a handful of your best photographs. A short film would also help. A good picture tells more than a thousand words!

PLEASE ADD

- **Your best photographs (no more than five, max. 100 Kb each) and/or a short film (max. 5 minutes)**
- **Newspaper/magazine clippings**
- **Quotes and letters from kids, volunteers, staff, parents, donors, other NGO's, churches, schools, police, clinic, etc.**

Details of your **organisation** page 1 of 1. Have there been **any changes** concerning 1.1 till 1.11 since you completed the Application Form? **no** Please proceed to 2.1 **yes** Please add new information, then proceed to 2.1

HOW TO COMPLETE A PDF FORM

To complete this form we advise you to do the following:

1. Download Foxit reader and install it on your computer.

To download go to:

http://www.foxitsoftware.com/Secure_PDF_Reader/

2. Open the SPZA reporting form in Foxit reader

3. Click on the tab: Comments

4. Then choose Typewriter

5. Complete the form

6. Save the document, adding <+ name of your organization> to the existing document name.

1.1 NGO/NPO registration number Organisation is on www.npo.gov.za?	<input type="checkbox"/> NGO number: <input type="checkbox"/> NPO number: <input type="checkbox"/> yes <input type="checkbox"/> no If no, for what reason?
1.2 Physical address	
1.3 Postal address	
1.4 Telephone and fax number	<input type="checkbox"/> Phone: <input type="checkbox"/> Fax:
1.5 Email, website, social media	<input type="checkbox"/> Email: <input type="checkbox"/> Http://www. <input type="checkbox"/> Facebook: <input type="checkbox"/> Twitter:
1.6 Name of bank	
1.7 Branch code	
1.8 Type of account	<input type="checkbox"/> current/cheque account <input type="checkbox"/> savings account
1.9 Account name	
1.10 Account number	
1.11 Names of persons with signing power for this account	1. 2. 3.

Details of your **programme** page 1 of 4. Have there been **any changes** in 2.1 and 2.2 since you completed the Application Form?

no Please proceed to 2.3 **yes** Please add new information, then proceed to 2.3

2.1 Names of persons responsible for the programme + position, email address and phone number	1. 2. 3. 4.
2.2 Name, email address and phone number of contact person	Name: Phone: Email:
2.3 Number of volunteers involved	<input type="checkbox"/> 15-20 years: <input type="checkbox"/> 21-30 <input type="checkbox"/> 30 +
2.4 Where did you recruit your volunteers ?	<input type="checkbox"/> own school <input type="checkbox"/> other school(s) <input type="checkbox"/> township <input type="checkbox"/> church <input type="checkbox"/> other (specify)
2.5 Did you get assistance from experienced volunteers from elsewhere in South Africa OR from volunteers from abroad?	<input type="checkbox"/> no, go to 3.1 <input type="checkbox"/> yes, volunteers If yes, what did they do?

Details of your **programme** page 2 of 4. Have there been **any changes** in 3.1, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8, 3.9, 3.10 since you completed the Application Form? **no** Please proceed to 3.2, 3.11, 3.12, 3.13 and 3.14 **yes** Please add new information.

3.1 Name of the programme	
3.2 Which goals of the programme did you achieve?	
3.3 Name of venue and physical address of programme	<input type="checkbox"/> same as 1.2 <input type="checkbox"/> other:
3.4 Maximum number of children admitted per day	
3.5 Ages of children	minimum: maximum:
3.6 Daily entrance fee per child, amount in Rand or number of tins, bottles, etc.	<input type="checkbox"/> ZAR: <input type="checkbox"/> tins: <input type="checkbox"/> bottles: <input type="checkbox"/> other (specify):
3.7 Opening date of the programme dd mm yyyy	
3.8 Closing date of the programme dd mm yyyy	
3.9 Number of days that the programme has run	
3.10 Daily opening and closing time for children	opening time: closing time:
3.11 Daily opening and closing time for staff and volunteers	opening time: closing time:
3.12 Total number of individual children (one name = one child) that you registered	
3.13 Who trained the volunteers?	
3.14 When did the training take place?	

<p>3.15 Have volunteers been assessed during the programme?</p>	<p><input type="checkbox"/> no If no, why not?</p> <p><input type="checkbox"/> yes If yes, how?</p>
<p>3.16 Which assessment criteria did you use?</p>	
<p>3.17 Please indicate the level of participation of volunteers under 21. (For more information please consult the holiday schools manual)</p>	<p><input type="checkbox"/> young volunteers assigned and informed <input type="checkbox"/> young volunteers consulted and informed <input type="checkbox"/> adult-initiated, shared decisions with young people <input type="checkbox"/> young people lead and initiate action <input type="checkbox"/> young people & adults share decision-making</p>

<p>4.1 Actual total amount you spent on the programme?</p>	<p>ZAR:</p>
<p>4.2 How much do you already have?</p>	<p>ZAR:</p>
<p>4.3 How many other donors did you approach? Please tick off one or more categories and add numbers.</p>	<p>Category:</p> <p><input type="checkbox"/> Businesses: <input type="checkbox"/> Government: <input type="checkbox"/> Organisations: <input type="checkbox"/> Private individuals: <input type="checkbox"/> Other (specify):</p>

Details of your **programme** page 4 of 4

6.1 Please tick off whether you did evaluations with:	<input type="checkbox"/> Kids <input type="checkbox"/> Volunteers <input type="checkbox"/> Other (specify):
6.2 We all learn from experience. Please share your positive experiences.	
6.3 Please share your negative experiences.	
6.4 What did you find difficult?	
6.5 What did you find easy?	
6.6 Which areas for improvement have you been able to pinpoint?	
6.7 What is the result of the programme for target group and society at large?	Target group: Society:

Your answers to questions 6.8 and 6.9 would really help us to decide about **donor co-ordination** in our efforts to diminish your work load.

6.8 Did you report back about the programme to other donors? Tick off one or more.	<input type="checkbox"/> no <input type="checkbox"/> yes: <input type="checkbox"/> Donor's questionnaire <input type="checkbox"/> Narrative report <input type="checkbox"/> Financial report <input type="checkbox"/> Other (specify):
6.9 How often did you have to report back about the programme to other donors? Tick off one or more.	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other (specify):
THIS FINAL REPORT WAS SUBMITTED BY:	Name: Position: Date + signature: