**Skills Audit**

Name…………………………………………………………………. Member OR parent/carer……………………………………………

Contact e-mail……………………………………………………….. Current profession……………………………………………………

Previous professions…………………………………………………

***Please tick the form below to tell us about any skills you may have that could help develop and support our venue.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Skills** | **Good** | **Basic** | **None** | **Notes** |
| Accounting / finance |  |  |  |  |
| Administration skills |  |  |  |  |
| Maintenance / building works |  |  |  |  |
| Website editing |  |  |  |  |
| Design |  |  |  |  |
| Social media |  |  |  |  |
| Children’s welfare / Safeguarding |  |  |  |  |
| Catering |  |  |  |  |
| Event organisation |  |  |  |  |
| Media / press |  |  |  |  |
| Photography |  |  |  |  |
| Planning / architecture |  |  |  |  |
| IT |  |  |  |  |
| Bar / restaurant management |  |  |  |  |
| Fundraising |  |  |  |  |