

Application #18601

INFORMATION

Date Submitted: **26 Jun 2011**
Ref#: **18601**

Organizational Information

Name of Organization	Fiji Council of Social Service
Country	Fiji
Type of Organization	Open-ended Working Group on Ageing

Questionnaire/Survey Information

Your organization's FULL NAME *	FIJI COUNCIL OF SOCIAL SERVICE
Purpose of your organization: *	
1. BUILDING THE CSO CAPACITY IN SOCIAL WELFARE AND SOCIAL DEVELOPMENT 2. PROMOTE THE HOLISTIC WELLBEING OF THE OLDER PERSON THROUGH THE HELP AGE FIJI 3. NETWORKING AND COORDINATION OF NGOS/CSOS 4. ADVOCACY ON SOCIAL ISSUES 5. TRAINING THRU SOCIAL LEADERSHIP TRAINING INSTITUTE.	
What are the programmes and activities of your organization? They must be relevant to the Open-ended Working Group and the country or countries in which they are carried out. *	
1. CONDUCT THE AGE DEMAND ACTION PROGRAM OF HAI 2. MEMBER OF THE GOVERNMENT INTER AGENCY COMMITTEE ON NATIONAL POLICY FRAMEWORK ON AGEING AND ELDERLY 3. CONCLUDED THE COMMUNITY CONSULTATION ON THE NATIONAL POLICY FRAMEWORK ON AGEING AND ELDERLY IN FIJI. 4. CONDUCTING THE TRAINING OF CARE GIVERS FOR THE ELDERLY 5. TRAINING OF FAMILY MEMBERS FOR THE IN-FAMILY /HOME CARE OF THE ELDERLY. CONDUCTING SURVEYS ON MIPAA.	
Please explain briefly whether your activities are at the national, regional or international level, or a combination thereof. *	
ACTIVITIES ARE CONDUCTED THROUGHOUT FIJI. WE HAVE DONE SOME PROMOTION OF ISSUES ON OLDER PERSONS WITHIN THE PACIFIC REGION TO ASSIST THE HELPAGE INTERNATIONAL ASIA PACIFIC REGIONAL OFFICE.	
Please attach a scanned copy of an annual report of your organization including financial statements, and a list of financial sources and contributions, including governmental contributions. (PDF or Word only please.)	FCOSS PROGRAM PROFILE (3).doc
If you wish, you can provide any additional information on your organization's financial statement here. (Optional)	
Please provide a BRIEF list of members of the governing body of your organization, and their countries of nationality; *	
PRESIDENT- MR. NEMANI BURESOVA VPS-MRS. LORINI TEVI- CHAIR OF HELPAGE FIJI. -MR SATENDRA NAIR MRS SHEELA VENKATAYA MRS LATA KUMAR TREASURER ASSISTANT TREASURER- RAHAMAT ALI ALL THE ABOVE ARE FROM FIJI	
Briefly describe the membership of your organization, including: (a) the total number of members, (b) names of member organizations, if any, and (c) geographical distribution of your membership *	

20 NATIONAL LEVEL MEMBER ORGANIZATIONS
OVER 150 DISTRICT AND LOCAL LEVEL MEMBER ORGANIZATIONS.

DO YOU NEED THE FULL LIST ?

Please provide a scanned copy of your organization's constitution or bylaws. (PDF or Word only, please.)

[APPROVED ADMINISTRATION
POLICIES FINAL.doc](#)

If you wish, you can provide any additional information on your organization's constitution or bylaws here. (Optional)

WILL ARRANGE FOR SENDING IT

Please sign off with today's date: ✖

26 Jun 2011