

2021 Questionnaire for the April 2021 Aggregation Method (AM) Data Collection Exercise of the Monitoring Period Project

("the AM Questionnaire")

This document must be read in conjunction with the associated 2021 Aggregation Method Data Collection Technical Specifications and Template documentation to provide an accurate and upto-date understanding of the data collection.



1 Identification

1	Please provide the name of your Volunteer Group below:			
	Volunteer Group r Insert text	ame		
2	Please indicate the date of submission of this Questionnaire (dd/mm/yyyy). If an earlier submission of this Questionnaire has been updated please indicate a new date here:			
	Date of this subm Insert text	ssion		
3	Please indicate the name of the contact persons for queries about the responses to this Questionnaire, including email address and telephone number.			
	Primary Contact	Information		
	Name:	Insert text		
	Email:	Insert text		
	Phone: Insert text			
	Backup Contact	Information		
	Name:	Insert text		
	Email:	Insert text		
	Phone:	Insert text		



2 Aggregation Method Data Collection Questionnaire

4	Were there any practical issues or difficulties encountered in applying the AM approach?			
	Provide your response by placing an 'x' in the relevant cell:			
	YES	NO Not Applicable		
	If YES, please summarise.			
	Item name	Item name Description and rationale		
	Insert text	Insert text		
	(Add additional rows as i	necessary)		
5	Were any material assumptions or simplifications used when providing data on the AM approach?			
	Provide your response by placing an 'x' in the relevant cell:			
	YES	NO Not Applicable		
	If YES, please describe those underlying assumptions and/or simplifications.			
	Item name	Item name Description and rationale		
	Insert text	Insert text		
	(Add additional rows as necessary)			
6	Were there any significant differences in the scope of group on which the AM data collection was based from that of the 2021 ICS data collection?			
	Provide your response	by placing an 'x' in the relevant cell:		
	YES	NO Not Applicable		
	If YES, please provide details of which entities were excluded from AM and the rationale for the difference.			
	Item name	Description and rationale		
	Insert text	Insert text		
	(Add additional rows as necessary)			



7	For mutual volunteer groups, do you have non-paid up capital resources that qualify as ICS capital resources?				
	Provide your response by placing an 'x' in the relevant cell:				
	YES NO Not Applicable				
	If YES, please describe impact on the available capital if these instruments were not recognised.				
	Item name	Description and rationale			
	Insert text	Insert text			
	(Add additional rows as	necessary)			
8	Are there any legal entities in the group that are subject to capital regimes that cannot be mapped to the provided <i>Entity Categories</i> and so were mapped to one of the blank categories provided (eg Regime A)?				
	Provide your response by placing an 'x' in the relevant cell:				
	YES	NO Not Applicable			
		⁴ YES, please describe the other capital regime(s) that were entered including the local ca tandard and intervention level.			
	Entity Category in Template	Name of Capital Regime	Notes on Available / Required Capital		
	Regime A	Insert text	Insert text		
	Regime B				
	Regime C				
	Regime D				
	Regime E				
	(Add additional rows as necessary)				



9	Do you have further comments regarding the AM data collection?			
	Where appropriate, this includes comments on data, additional relevant data, and/or calculations that you consider relevant to the AM analysis (that is, have the potential to have a material impact on any conclusions reached based on the data and/or its analysis).			
	Provide your response by placing an 'x' in the relevant cell:			
	YES	NO Not Applicable		
	If YES, please describe.			
	Item name	Description and rationale		
	Insert text	Insert text		
(Add additional rows as necessary)		is as necessary)		

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