**The Most Venerable Order of the Hospital**

 **of St John of Jerusalem**

**ONE ST JOHN MEASUREMENT EXERCISE 2025**

**The One St John Measurement Exercise is used to provide data about the size and output of our global organisation. Aggregated returns allow us to know who we are.**

|  |
| --- |
| **Please return the completed form before 30 JUNE 2025 to: measurement@orderofstjohn.org** |
|  |

Note: Commanderies should complete an individual return.

**Section 1 – Establishment**

* 1. Full Name of Establishment:
	2. Full address of the Establishment where international mail can be sent:

1.3 Contact information of key personnel:

|  |  |  |
| --- | --- | --- |
| **Position in Establishment** | **Name** | **Email** |
| Prior / Chancellor / Chair |  |  |
| CEO |  |  |
| Chancery |  |  |
| Communications |  |  |
| Board Members |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1.4 Links and handles of any communication tools used:

|  |  |
| --- | --- |
| **Tool** | **Link / Handle** |
| Website |  |
| Facebook |  |
| Instagram |  |
| TikTok |  |
|  |  |
|  |  |

**Section 2 – Our Mission: to lead globally in First Aid and medical responses to community healthcare needs.**

2.1 Please mark the following activities that are currently running:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Aid Training |  | First Aid Events |  | Ambulance Emergency |  | Ambulance Transfer |  | Community Health Care |  |

2.2 Other Activities:

2.3 What, if any, was the one activity you were most proud of in the last year?

2.4 Are you working on any joint project with the Johanniter or Sovereign Order of Malta (SMOM)? If so, please indicate, even if this is at the planning stage.

**Section 3 – Impact: having a worldwide reach delivering first**

**aid, health care and support services in more than 44 countries and territories worldwide.**

3.1 The number (or estimate) of individual people during the period of the report:

|  |  |
| --- | --- |
| **Trained in First Aid?** |  |
| **Assisted by the Ambulance Service?**  |  |
| **Received Care in the Community?** |  |
| **Received eye care?** |  |
| **Taking into account all your activity, both charitable and commercial, please give a fair estimate of the total number of people you have reached with your services in the last year?****Note: There must be a clear record to demonstrate how this number has been reached.** |  |

**Section 4 – St John family: Paid staff, volunteers, and members of the chivalric Order, delivering front line service or support or leadership to St John.**

**Note: Priories with Commanderies please make clear if the figures in this section include, or do not include, Commandery numbers.**

4.1 Paid Staff

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Male** | **Female** | **Other** | **TOTAL** |
| **Full time >=28 hours/week** |  |  |  |  |
| **Part time < 28 hours/week** |  |  |  |  |

4.2 Volunteers:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Male** | **Female** | **Other** | **TOTAL** |
| **Adults >=60 hours/year** |  |  |  |  |
| **Adults >=4 <60 hours/year** |  |  |  |  |
| **Under 18 >=60 hours/year** |  |  |  |  |
| **Under 18 >=4 <60 hours/year** |  |  |  |  |

4.3 The total personnel on the Establishment Register who have been awarded the Service Medal of the Order, bars, or the Service Medal in Gold, and bars:

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Medal** | **Silver Bars** | **Gold Bars** | **TOTAL** |
| **Qualified** | **10yrs** | **1** | **2** | **3** | **1** | **2** | **3** | **4** |  |
| **Male** |  |  |  |  |  |  |  |  |  |
| **Female** |  |  |  |  |  |  |  |  |  |
| **Other** |  |  |  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Service Medal** | **Gold Bars** | **TOTAL** |
| **Qualified** | **50yrs** | **1** | **2** | **3** | **4** |  |
| **Male** |  |  |  |  |  |  |
| **Female** |  |  |  |  |  |  |
| **Other** |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |

4.4 Total membership of the chivalric Order at St Johns Day 2025:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **I** | **II** | **III** | **IV** | **V** | **TOTAL** |
| **Male** |  |  |  |  |  |  |
| **Female** |  |  |  |  |  |  |
| **Other** |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |

4.5 Concerning membership of the chivalric Order in the previous 12 months, how many:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **I** | **II** | **III** | **IV** | **V** | **TOTAL** |
| **philanthropic i.e. admissions/promotions due to mainly a financial contribution?** |  |  |  |  |  |  |
| **admission at grade (note: do not include promotions)?** |  |  |  |  |  |  |
| **Persons admitted aged under 30.** |  |  |  |  |  |  |

4.6 Concerning Termination of Membership of the Order in the period of the report, how many Members:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **I** | **II** | **III** | **IV** | **V** | **TOTAL** |
| **placed in the inactive list whose whereabouts for the time being is unknown. (Membership Honours and Awards Regulations 40 (8))** |  |  |  |  |  |  |
| **have Resigned from the Order** |  |  |  |  |  |  |
| **has their membership terminated by Forfeiture.** |  |  |  |  |  |  |

**Section 5 – Number of Ambulances**

|  |  |  |
| --- | --- | --- |
|  | **Serviceable** | **Unserviceable** |
| **Emergency** |  |  |
| **Patient Transfer** |  |  |

Name: Date:

Position in Establishment: