Young Lancashire

information • support • representation

2014-2015

Organisation Membership Form

(Full and Associate Members – complete Sections 1-11 inclusive)
(Corporate Members – complete Sections 1, 2, 3 and 9, 10, 11 only)

YOUNG LANCASHIRE
REGISTERED OFFICE:
10 Fishergate Hill,
Preston PR1 8JB
Tel: 01772 556127
Fax: 01772 251334
E-mail: mail@younglancashire.org.uk

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Organisation
Address
Postcode
Tel
Fax
Email
Website

Main Contact Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other
Name
Position
Address
Postcode
Tel (home)
Tel (work)
Tel (mobile)

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Organisational Status (please tick all that apply):

- Constituted/Unincorporated Association/Trust Deed ☐
- Registered Charity ☐
- Company Ltd. by Guarantee ☐
- Community Interest Company ☐
- Local Authority ☐

Does your organisation:

- Work with young people ☐
- Provide support to other organisations ☐

Is your organisation:

Rural Based ☐ Urban Based ☐

Is your group affiliated to, or a member of a local or national umbrella body? (please tick) ☐

If yes, please state the name of the umbrella body

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Please tell us a bit more about your organisation:

When was it established: Month: Year:

What is your organisation's aim or purpose? (Please limit your answer to no more than 100 words):

What activity does your organisation provide (Please limit your answer to no more than 100 words):

What fee (if any) do you charge a young person accessing your provision/activity per session?

None ☐ £1 ☐ Between £1 & £5 ☐ >£5 ☐

How much funding (income) did you have in the last financial year? £ Year

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Now, please can you tell us when you are open:*

Days Open:	Monday ☐	Tuesday ☐	Wednesday ☐	Thursday ☐	Friday ☐	Saturday ☐	Sunday ☐
Times Open:							

* If your group does not meet on a regular weekly basis, describe when/how you meet:

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Now please tell us about your young people:

Total number of young people _____ Male _____ Female _____

Please tell us the age profile of your young people:

Aged 5 – 10		Aged 11 – 12		Aged 13 – 15		Aged 16 – 19		Aged 20 – 25	
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female

And their ethnic profile:

Asian	M	F	Dual	M	F	White	M	F		M	F
Bangladeshi			White Asian			British			Chinese		
Indian			White and Black African			Irish			Other ethnic group		
Pakistani			White and Black Caribbean			Other					
Other			Other								

How many of the young people consider themselves to have a disability? _____

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Please tell us which Local Authority area district(s) you provide activities in: (please tick all that apply)

Lancaster	☐	South Ribble	☐	Pendle	☐
Wyre	☐	West Lancashire	☐	Rossendale	☐
Ribble Valley	☐	Chorley	☐	Lancashire (all districts)	☐
Fylde	☐	Hyndburn	☐	Blackpool	☐
Preston	☐	Burnley	☐	Blackburn with Darwen	☐

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Please tell us about your staff and volunteers:*

	Male	Female		Male	Female		Male	Female
Volunteers (Numbers)			Part time paid (Numbers)			Full time paid (Numbers)		

And their ethnic profile:

Asian	M	F	Dual	M	F	White	M	F		M	F
Bangladeshi			White Asian			British			Chinese		
Indian			White and Black African			Irish			Other ethnic group		
Pakistani			White and Black Caribbean			Other					
Other			Other								

How many of your staff and volunteers consider themselves to have a disability? _____

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Initial Quality Check	1. I declare we have adopted our own: document, cover or policies in place and can provide a copy on request.	2. Or, I declare we operate under our managing body's systems, which include: these documents; cover or policies and can provide copies on request.	3. Or, I declare we are working towards putting these documents; cover or policies in place.
(Documents/Insurance/Policies/ Qualifications/Systems) In the columns 1. 2. or 3. across, please tick which, if any, apply. Note: You MUST tick just **ONE** box in EACH ROW.			
Governance and Management:			
Constitution/Memorandum & Articles of Association/Set of rules/Trust Deed	☐	☐	☐
Insurance and Resources:			
Public / Employers Liability Insurance	☐	☐	☐
Annual report and Accounts for previous year	☐	☐	☐
Safeguarding:			
Child Protection Policy	☐	☐	☐
Health and Safety Policy	☐	☐	☐
Participation & Equality:			
Equal Opportunities Policy	☐	☐	☐

Quality Systems:	Yes (e.g. PQASSO/IIP etc)	No	If yes, please state
Do you have a quality assurance system in place?	☐	☐	_____

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Membership Options:

(See Membership Booklet for more details about membership and benefits)

Please ✓

A I confirm that we wish to apply to become a **Full Member** of Young Lancashire ☐

B I confirm that we wish to become an **Associate Member** with Young Lancashire ☐

C I confirm that we wish to become a **Corporate Member** with Young Lancashire ☐

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In signing and returning this membership form I, on behalf of the above named organisation, confirm that we are working towards and support positive work with children and young people and that the information supplied is, to the best of my knowledege correct.

Now please sign below and return this form with your payment (if applicable) and complete the payment confirmation slip below. Thank you.

Signature: _____ Date: _____

☐ Please note that, assuming you have an email address, you will receive regular e-newsletters from Young Lancashire and UK Youth, our national umbrella body. Please therefore ensure that you have given us your email address overleaf. All Full Members and Associate Members will automatically be registered with Lancashire Young People's Service (YPS), if you would prefer not to be registered with Lancashire YPS tick the box on the left.

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Payment confirmation:

A. FULL MEMBER (see benefits : discounts on services and redeemable vouchers apply)

Please select the appropriate band (A, B, C, D, E, or F) for the number of days/evenings open:	Fee*	Please ✓
A – 1 or 2 days/evenings per week	£50	☐
B – 3 days/evenings per week	£56	☐
C – 4 days/evenings per week	£67	☐
D – 5 days/evenings per week	£78	☐
E – 6 or 7 days/evenings per week	£99	☐
F – Occasional opening e.g. residentials, activity courses, support bodies	£50	☐
B. ASSOCIATE MEMBER (see benefits : note – charges apply for services)	£0	☐
C. CORPORATE MEMBER (see benefits)	£350	☐

TOTAL AMOUNT ENCLOSED _____

Young Lancashire complies with the Data Protection Act 1998.

OFFICE USE:
Data processed: _____ Date: _____