

# **BVSC MEMBERSHIP APPLICATION**



*Please complete electronically, or PRINT clearly, and fill in all sections.*

## **ABOUT YOUR ORGANISATION**

**Organisation Name:**

**Address:**

**Post Code:**                      **Telephone:**                      **Fax:**

**Email:**

*Tick here if you **do NOT wish** to join BVSCnet (weekly email newsletter)*

**Website:**    **Minicom:**

**Contact Name:**                                      **Position:**

**Contact Telephone:**                                      **Contact Email :**

*Please note that mailings will be sent to the above named contact at the above address. If your Chair wishes to receive relevant information at a different address, please give details below)*

**Name of Chair (if different):**

**Contact details and address for Chair (if different):**

**Name of Treasurer:**

**Name of Secretary:**

**Name of any other Officer of the Board/Committee:**

## **TYPE OF ORGANISATION**

*Please tick/ insert*

- Registered Charity                                      *Please give number:*
- Company Limited by Guarantee                      *Please give number:*
- Unincorporated Association or Club
- Branch of National Organisation
- Social Enterprise

Approximate current annual income <i>(please give an estimate or budget, if you are a new organisation)</i>	
Number of Trustees/Management Committee Members	
Number of paid staff	
Number of volunteers	
Do you have an up-to-date Equal Opportunities Policy?	
Do you have an up-to-date Child Protection/Vulnerable Adult Policies? <i>(if relevant to your work)</i>	

**When was your organisation founded?**

**YOUR ACTIVITIES**

*Please give a brief description of your organisation's aims and activities*

- **Approximately how many people currently use your services?**
  
- **Where do your activities for your service users take place, if different to your contact address (*for example*, if you run sporting activities at a local church hall, please give the name and location of that hall)?**
  
- **If you are a new organisation, please tell us when you plan to start your services and where:**
  
- **If you also work in other boroughs, or serve people from other boroughs, please give brief details:**

**MAIN AREAS OF WORK/ACTIVITIES/SERVICES**

*Please tick all that apply*

Advice, advocacy, counselling		Faith, religion	
Animal welfare		Gay, lesbian, bisexual, transgender	
Arts and creative activities		Health and medicine, healthy living	
Black and minority ethnic communities		Housing, homelessness, tenants	
Carers		Learning Disabilities	
Children, young people, families		Mental health	
Community development		Older Adults	
Conservation, environment, regeneration		Physical disabilities/sensory impairments	
Drugs, alcohol		Refugees, asylum seekers	
Education, training, employment		Residential, nursing care	
Equalities		Sports and physical activities	
Other (please give details)			

- **Do you serve specific age groups and if so which ones?**
  
- **Do you serve specific (ethnic) communities and if so which ones?**
  
- **Do you serve special needs groups (and if so which ones?)**

