

THIS BOX IS FOR OFFICE USE ONLY

DATE REC'D
AFFILIATION NO.
RECEIPT SENT



Application for Affiliation to Pro-Action

PLEASE CLEARLY PRINT ALL INFORMATION!

NAME OF YOUTH CLUB/PROJECT _____
or ORGANISATION _____
ADDRESS OF MEETING PLACE _____
DISTRICT _____ POST CODE _____
TELEPHONE NUMBER _____ EMAIL ADDRESS _____

NAME AND ADDRESS FOR CORRESPONDENCE

(If this person is not the Club Leader they should be able to pass information to the Club Leader quickly)

NAME: _____ EMAIL _____
ADDRESS: _____
POST CODE: _____
TELEPHONE: DAYTIME _____ EVENING _____
MOBILE _____

NAME AND ADDRESS OF 2nd POINT OF CONTACT

NAME: _____ EMAIL _____
ADDRESS: _____
POST CODE: _____
TELEPHONE: DAYTIME _____ EVENING _____
MOBILE _____

TYPE OF CLUB

Please specify what type of club /project /organisation:

SPORTS _____ YOUTH CLUB _____ FAITH _____ ARTS _____
UNIFORM _____ TARGETED _____ OTHER (please specify) _____

MEMBERSHIP (Approx' numbers)						
AGE	8-10	11-14	14-16	16-19	19-25	Total
Male						
Female						

Disability (Approx numbers)	Learning difficulty	Long term / life limiting illness	Mental Health Issues	Multiple disabilities	Physical disabilities	Sensory disability

ETHNIC BACKGROUND (Approx' numbers)					
British		Chinese		Bangladeshi	
Irish		Vietnamese		Caribbean	
Indian		Pakistani		African	
Other (please specify)					

YOUR ORGANISATION

WHEN OPEN
(Please tick)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

OPENING TIMES

NUMBER OF WORKERS /STAFF

Full-time paid

Part-time paid

Voluntary

INSURANCE

Have you taken out Public Liability Insurance through:
(Please tick appropriate box)

BJ Knibbs

OTHER

Watson Laurie

If OTHER, please give details of your insurer and policy cover / number

Are the Staff and Members covered for Personal Accident?

YES	NO
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POLICY and PROCEDURES

Do you have the following, please tick the relevant box (Please provide evidence of policy documents and that they are up to date)	YES	NO
Health and safety policy		
Child protection procedure		
A designated child protection person Their Name:		
Do you have a trained first aider? Their Name:		
Have all your staff/volunteers been CRB checked in the last 3 years?		
Who was the registering body for your CRB's? i.e. ABA, Scouts, Herts County Council etc		
Do you have an adult management committee?		
Do you have a young peoples committee?		

I the undersigned acting on behalf of the club / organisation, hereby apply for affiliation to Pro-Action for one year commencing on the date of return of membership form (unless re-affiliating) and enclose the affiliation fee of **£48.00** I understand and agree that Pro-Action may publicise the organisations name and meeting point to young people interested in their services.

Date: _____ Signed: _____

Print Name: _____

Position: _____

MEMBERSHIP IS FOR TWELVE MONTHS

When completed, please return form with cheque for **£48** (made payable to **Pro-Action**) to:
Pro-Action, Sylvia Adams House, 24 The Common, Hatfield, Hertfordshire AL10 0NB