



MEMBERSHIP APPLICATION FORM

Organisation/Project Details:	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Name:
Job Title:	
Name of Organisation:	
Address of Organisation:	
Postcode:	
Telephone:	Mobile:
E-mail address:	
Address for Mail (if different):	
Postcode:	
Telephone:	Mobile:
E-mail address:	
Do you wish this address to be circulated on the Keyfund mailing list? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<p>Your Organisations Policies and Procedures</p> <p>Please note that the Keyfund holds no insurance liability for members. Members who use the Keyfund with groups operate within the procedures and code of practice of their employing organisation.</p> <p>Has your organisation got the following: <i>(Please tick)</i></p>	

Public Liability Insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Safe Guarding Children and Vulnerable Adult Policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Child Protection Policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Health & Safety Policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Risk Assesment Procedure?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Invoice Details:
Name:
Organisation:
Address
Postcode:

Personal Details:
Date of Birth:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Ethnicity: <i>(please tick)</i> Bangladeshi <input type="checkbox"/> Black African <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Irish <input type="checkbox"/> Black Other <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> White <input type="checkbox"/> Asian Other <input type="checkbox"/> Chinese <input type="checkbox"/> European <input type="checkbox"/> Other <input type="checkbox"/>
Have you had an 'enhanced disclosure' Criminal Record Bureau clearance for working with young people within the last three years? Yes <input type="checkbox"/> No <input type="checkbox"/>
CRB Number:

Special requirements
Do you need any special requirements when attending the training day? Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, how can we help?

The Keyfund promotes youth led learning with groups of young people. Please tell us how the Keyfund would fit into your practice (continue on a seperate sheet if necessary)?

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I confirm that I wish to attend the Keyfund Initial Training Day on:

I confirm failing to attend the Keyfund Initial Training Day, without prior notice will result in a payment fee of £75, with prior notice training days can be rescheduled for a fee of £10.

Declaration. I declare that the information entered on this form is true and complete

Signed:

Date:

Authorisation:

Please ask your Project Manager (or equivalent) to sign to say that they support your participation in the Keyfund Initial Training Day and becoming a Keyfund member.

Name:

Position:

Signed:

Date:



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