



## Membership Application Form

### 1. Organisation Details

a) Name of Organisation

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b) Organisation's Main Services

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c) Organisation's Address

Address	
Town	
County	Postcode
Phone Number	
Fax Number	
Email	
Website	

d) Name of main contact for this application

Title:	Forename:	Surname:
Position in Organisation:		
Address		
Town		
County		
Phone Number (day)		
Fax Number		
Email		

### 2. Nature of Organisation

a)

Unincorporated with a Constitution			
Company Ltd by shares		Co. No	
Company Ltd by Guarantee		Co. No	
Industrial & Provident Society		IPS No	
Other			

b) Is your organisation a Registered Charity or has it been officially accepted by the Inland Revenue as charitable?

Yes		No	
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If yes please give the following:

Registered charity No.
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And/or Inland Revenue No.
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c) How long has your organisation been in existence?

Years		Months	
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d) Is your organisation registered for VAT?

Please circle Yes or No	If Yes please give VAT No.	
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### 3. About Your Organisation

a) Please give a brief outline of your Main Aims and Objectives

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b) Please give details of your operating area (parishes, towns)

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c) Who does your service benefit? (please tick all that apply)

People living in rural areas	
People living in market towns	
Older people	
Young people	
People with disabilities	
People with special needs	
People on a low income	
People seeking training	
People accessing work	
People accessing shops and businesses	
People accessing education	
People accessing leisure/recreation	
Other, please give example below:	

d) How many people benefit from your service on a weekly basis?  
 \_\_\_\_\_ (estimated number)

e) Does your organisation link with any other services provided by others? Please circle Yes / No?  
 If yes please provide brief details below

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**4. Policies**

Which of the following Policies does your organisation have in place?

Policy <i>*Please put and 'X' in this box if you would like help to develop this policy</i>	Yes	No	Help*
Human Resources:			
Volunteering Policy			
Recruitment Policy			
Constitution			
Disciplinary Procedure			
Finance:			
Reserves Policy			
Financial Policy/Controls			
Handling Monies (petty cash, donations, etc)			
Risk Management:			
Confidentiality Policy			
Data Protection Policy			
Child Protection Policy			
Vulnerable Adults Policy			
Lone Worker Policy			
Health & Safety Policy			
Anti-Discrimination:			
Equal Opportunities Policy			
Sexual Harassment Policy			
Whistle Blowing Policy			
Other Policies your Organisation has in place:			

**5. What happens next?**

Your application from will be processed by the TFYC Steering Group. You will then be contacted regarding a visit by 2 Steering Group representatives to address any queries with your application and to complete your membership process.

## 6. Declaration of Applicant:

I declare that I am completing this application on behalf of the named organisation, and that they have formally authorised this application to the Devon Transport For Your Community: Just Ask Consortium.

I have read and understood the guidance notes applicable to this application process.

I declare that, to the best of my knowledge and belief, the information given on this application form and in any supporting material is truthful and accurate.

I declare that I have made full and complete disclosure of all relevant facts relating to this application.

Title:	Forename:
Position in Organisation:	
Signature:	
Date:	

Please tell us below how you heard about TFYC: Just Ask

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### For TFYC use only

Date received: \_\_\_\_\_

Acknowledgement sent: \_\_\_\_\_

Date considered: \_\_\_\_\_

#### Decision:

Membership approved	
Membership denied	

Decision letter sent: \_\_\_\_\_

Sponsored by:

