

**ISLE OF WIGHT YOUTH AND COMMUNITY SERVICE
APPLICATION OF AFFILIATION**

Name of Organisation		
Organisation Address		
Tel No.:	Email:	Web:
Ownership of premises		
Name and address of person to whom communications should be addressed:		
Tel No.:	Email:	Web:
Name & Address of person-in-charge:		
Tel No.		

Number of other staff, volunteers and helpers:
(Please give their names and addresses on the attached form)

Please give details of any insurance carried by your organisation in respect of staff, members, premises etc:

Name of National Association or Organisation (where applicable):

Other organisations affiliated to:

Ages catered for:

Male	Female	Adults (21+)

How many people are registered Members as at October 2006

Does your organisation have a Child Protection Policy: Yes No

Are all your staff, volunteers and helpers Criminal Background Checked? Yes No

PLEASE LIST YOUR PROGRAMME OF ACTIVITIES

Please state how your programme is, in keeping with the ideals of the Statement of Purpose and Cornerstones of the Youth Service Curriculum?

EQUALITY/DIVERSITY - *Promoting equality and diversity through the challenge of oppressions such as racism and sexism and all those which spring from difference of culture, race, language, sexual identity, gender, disability, age, religion and class.*

EMPOWERMENT - *Supporting young people to understand and act on the personal, social and political issues which affect their lives, the lives of others and the communities of which they are a part.*

LEARNING FOR LIFE - *Learning for life embraces all that is usually understood as 'education' and extends beyond that to the general well-being of the individual. It focuses as much on, for example, spiritual and emotional aspects, drugs and alcohol awareness and the many other issues for young people because of the impact of these on the ability of young people to respond to the more traditional interpretation of 'education' in a formal, structured sense.*

As an Affiliated organisation, you will receive one free copy of our Youth Service Bulletin which is issued Bi-Monthly. If you wish to be sent more copies, please indicate how many copies you wish to receive:

I confirm I have read the Conditions of Affiliation and this organisation agrees to comply and conform to it.

Signed: _____

Date: _____

Position in Organisation: _____

Data Protection Information

Please tick the yes or no box for each of the following statements, to let us know if you agree for the Youth and Community Service to keep the contact details given above on file for these purposes. We will only hold your details in relation to the statements you have agreed to.

I agree to receive information from the Youth Service

I agree for the Youth Service to pass my contact details onto third parties so that they can contact us to for information about our service

Please also ensure that you sign this Data Protection Form in the space provided below.

Date _____

Name _____

Signed _____

On behalf of (organisation) _____

We will contact you at least every two years, to check that the details we hold on our contact database are still valid. However, if at anytime you would like any amendments to be made, please contact us and we will be happy to update our records.

Thank for your cooperation

Please return this for to:

Principal Youth and Community Officer, Youth and Community Service, County Hall, Newport, Isle of Wight, PO30 1UD.

For Office Use Only	
Category	
Database Record Number	
	Date Affiliated
Bulletin (How Many)	
Annual Review	
Data protection signed	

Principal Youth & Community Officer

Other Staff/Volunteers/Helpers

Name	Address	No of sessions Worked per wk.
1.
2.
3.
4.
5.
6.
7.
8.

Any other information you feel would be helpful to calculate the amount of time which is spent on youth work in a year - for example weekend, annual camps, visits etc: