

Click & type in name of Group

Group Membership Application Form

Please use BLOCK CAPITALS and answer ALL questions

click & type in name of Group is fully committed to meeting its obligations on the promotion of equality and good relations as set out in Section 75 of the Northern Ireland Act 1998.

For this reason, we need to know certain details about the users of our services.

This information will NOT be used outside click & insert name of Group to identify you personally.

Statistical type data will be forwarded to the Department for Regional Development, when requested

NAME OF ORGANISATION

ADDRESS

Postcode:

Tel:

Fax:

E-mail:

NAME & ADDRESS TO WHICH INVOICES SHOULD BE SENT

(if different from above)

Contact Name:

Position:

Postcode:

Tel:

Fax:

E-mail:

NAME & TEL. No. OF PERSON WE CAN CONTACT IN AN EMERGENCY

Name:.....Tel:.....

Mobile:.....

ORGANISATIONAL STATUS (Please answer every question)

Is your group:	YES	NO
Profit-making?		
A community/voluntary group?		
A statutory body?		
A registered charity? (Please state No. below)		

OUR MINIBUSES MAY ONLY BE USED BY GROUPS INVOLVED IN ONE OR MORE OF THE ACTIVITIES LISTED BELOW. (Tick those with which your group is concerned)

Education		Religion	
Recreation		Social welfare	
Other activities of benefit to the community? (Please specify below):			

AIMS OF YOUR ORGANISATION (Give brief details)

--

FOR NEW MEMBERS ONLY

What type of transport does your group use at present?

Why is this method of transport no longer appropriate?

PEOPLE WITH WHOM YOUR ORGANISATION IS CONCERNED (tick as many boxes as are relevant)

People with a physical disability	<input type="checkbox"/>	People with dementia	<input type="checkbox"/>
People with a learning disability	<input type="checkbox"/>	Elderly people	<input type="checkbox"/>
People with mental health difficulties	<input type="checkbox"/>	Pre-school groups	<input type="checkbox"/>
People from ethnic minorities	<input type="checkbox"/>	Youth groups	<input type="checkbox"/>
People with an alcohol related illness	<input type="checkbox"/>	Womens groups	<input type="checkbox"/>
People with a drug related illness	<input type="checkbox"/>	Health groups	<input type="checkbox"/>
People affected by HIV or AIDS	<input type="checkbox"/>	Other (give details below)	<input type="checkbox"/>

THE PEOPLE OF OUR GROUP ARE MAINLY

(Having a DEPENDANT is when you have personal responsibility for the care of a child, elderly person or person with an incapacitating disability)

People with Dependants	<input type="checkbox"/>	Both	<input type="checkbox"/>
People without dependents	<input type="checkbox"/>	Not known	<input type="checkbox"/>

THE PEOPLE OF OUR GROUP ARE <i>MAINLY</i> AGED			
Under 18		Over 65	
19-65		Diverse Ages	

THE PEOPLE OF OUR GROUP ARE <i>MAINLY</i>			
Male		Diverse Gender	
Female			

THE PEOPLE OF OUR GROUP ARE <i>MAINLY</i>			
People With Disability		Both	
People Without Disability		Not known	

THE PEOPLE OF OUR GROUP ARE <i>MAINLY</i>			
Protestant		Of Other Religions	
Roman Catholic		Diverse	
Both Protestant and Roman Catholic		None of the above	

DECLARATION

Our organisation agrees to abide by the terms and conditions as set out in the click & insert name of Group Minibus Hire Policy, and we understand that any breach of these conditions may result in our group being expelled from membership. We understand that click & insert name of Group is registered under the Data Protection Act and we consent to click & insert name of group holding the above information about our organisation. We understand that this information will **NOT** be used outside click & insert name of Group to identify individual members but that statistical type data may be forwarded to the Department for Regional Development, for future research purposes

SIGNED:

Please print name:

POSITION:

DATE:

Signed by:

(Administrator)

Name in Capitals:

DATE:.....

FOR OFFICE USE ONLY

Group Number		Computer Entry	
Fee Received			