

Membership Form



Please check that you comply with the eligibility criteria for LVSTC full membership before completing this form. All organisations applying for membership should provide appropriate evidence of eligibility as outlined.

Membership Criteria

The organisation applying for membership must have **an Equal Opportunities Policy** and be **providing education and training in London for people who are unemployed or in vulnerable employment**

and **must also:**

either

- be recognised as a charity by the Charity Commission or by the Inland Revenue

or

- be an organisation registered with the Industrial & Provident Society

or

- be a voluntary/community organisation with:
 - ☞ a written constitution
 - ☞ a volunteer Board/ Management Committee the individual members of which have no direct financial interest
 - ☞ a Social Inclusion Statement

Please note:

- i. The LVSTC Board has discretionary rights over membership of the Consortium.
- ii. All applicants for membership must forward the full fee according to the fee criteria, before the LVSTC Board may consider the application.
- iii. The LVSTC Board decision is final.

1. Full legal Name of your Organisation

2. Full Postal Address

Address:

Postcode:

Borough:

Telephone:

Fax:

E-mail:

Website:

3. Name and position of primary contact (i.e. the person LVSTC should send general information to)

Name:

Position:

4. Name of the Chief Executive of organisation (if different)

Name:

5. Organisational status

Your organisation must be:

UK based
Voluntary/community based

Non-profit distributing
Non party-political

Please indicate in the boxes below which category your organisation falls within. (Tick one box and provide the appropriate registration or reference number).

Registered Charity in England or Wales.

Registered number:

Voluntary organisation with written constitution and Social Inclusion Statement

Registered with Industrial & Provident Society.

Registered number:

Exempt or excepted charity registered with the Inland Revenue in England or Wales.

Registered number:

LVSTC Constitution

In applying for membership of LVSTC, an organisation/project must agree to abide by LVSTC's constitution. (Please refer to the summary of LVSTC constitution)

6. Type of organisation

Black and/or minority ethnic group

Gay and/or lesbian organisation

Women's organisation

Refugee organisation

Disabled people's organisation

Other- please describe

All/some of these

7. Which of the following best describes the area your organisation serves or covers? (Tick more than one box if necessary)

Local/Community

Borough

London

National

International

8. Activities

Please describe the main areas of work of your organisation, and enclose your annual report. For newer organisations, which do not yet have an annual report, a report on activities undertaken in the last year should be submitted. For departments or subdivisions of larger organisations, a department report of activities undertaken in the last year and details of accountability systems for activities undertaken should be provided.

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9. On average how many trainees are supported each year by your organisation? (If possible, please indicate main beneficiaries 1,2,3 etc.)

Black & ethnic minorities	<input type="text"/>	Lesbian, gay & bisexual	<input type="text"/>
Refugees & asylum-seekers	<input type="text"/>	Disabled	<input type="text"/>
Women	<input type="text"/>	Children and younger people	<input type="text"/>
Vulnerably employed	<input type="text"/>	Older people	<input type="text"/>
Unemployed	<input type="text"/>	Other (please specify)	<input type="text"/>

Total			<input type="text"/>

10. What funding does your organisation now receive?

<input type="checkbox"/> Objective 3 ESF	<input type="checkbox"/> Local Authority	<input type="checkbox"/> Private Sector
<input type="checkbox"/> Objective 2 ESF	<input type="checkbox"/> Community Fund	<input type="checkbox"/> Charitable Trusts
<input type="checkbox"/> Objective 2 ERDF		<input type="checkbox"/> Learning & Skills Council
<input type="checkbox"/> Other EU funding (please specify)	<input type="text"/>	
<input type="checkbox"/> Other funding (please specify)	<input type="text"/>	

11. What does your organisation see as the main benefits of membership to the LVSTC?

(Please tick five)

- The right to vote at LVSTC formal meetings, to elect and stand for the Board and any other committees set up by LVSTC
- Free publications.
- Monthly e-Newsflash on activities of European Anti-Poverty Network (EAPN)
- An annually published London Training Directory of over 100 voluntary sector training providers
- Priority for:
 - Places at events.
 - Information about interested transnational partners.
 - One-to-one advice sessions at LVSTC.
 - Project visits.
- Reduced fees for study visits
- Invitation to special meetings for consultation on policy developments
- Access to LVSTC Staffing & Operations Policies
- Other (please specify) _____

12. What can your organisation offer to LVSTC?

13. Payment Fees

The membership fee of **£30** is payable on acceptance to LVSTC. The LVSTC Board will determine the fee from time to time.

Annual membership runs from 1 January of each year and expires on 31 December. The membership of any organisation that fails to pay its renewal annual subscription within the first three months of the calendar year will be liable to lapse.

Note: The initial fee will be held pending a decision on eligibility. This will be returned in full in the event of membership being declined.

14. We hereby apply for membership of London Voluntary Sector Training Consortium. We enclose a cheque for the first year's annual membership fee, made payable to LVSTC.

We agree to abide by the constitution of LVSTC. (*Employees and management committee members are the only people who can apply for membership*).

Signature:

Name:

Date:

Position:

15. Please Provide contact details for a referee who the committee can contact for further information, if necessary. The referee should be someone with knowledge of your organisation, for example as a funder, partner organisation or beneficiary

Name:

Address:

Postcode:

Telephone:

E-mail:

Please use the Checklist to ensure all necessary documents are included.

- ✓ Information about your educational and training activities
- ✓ Your Latest Annual Report
- ✓ Constitution/Governing Document
- ✓ Equal Opportunities Policy
- ✓ Social Inclusion Statement (*if applicable*)
- ✓ Membership Fee

Thank you for completing this form.

Please return your application to the LVSTC Membership Administrator: Clayton Elliott

Email: claytone@lvstc.org.uk

