

Waltham Forest WellComm

Organisation: _____

Contact Name: _____

Address: _____

Postcode: _____ Telephone: _____

Fax: _____ E-mail: _____

Meeting address if different from above:

How often do you meet: _____

Day/s _____ Time/s _____

Services provided:

- _____
- _____
- _____
- _____

How may older people visit your group? _____

Do you have a constitution / mission statement? _____

Do you have a board/committee? _____

If yes, please list committee members, address and telephone numbers;

Chair: _____

Secretary: _____

Treasurer: _____

Other officers: _____

Is your organisation a:

Registered Charity: _____ Number: _____

Limited Company: _____ Number: _____

Affiliated: _____ Name: _____

Do you own property: _____

Do you have other assets : _____

Are you registered with the Vetting and Barring Scheme? _____

Are you registered with the Data Protection Registrar? _____

Does your Organisation have Public Liability Insurance? _____

Do you have the following policies in place?

Health and Safety _____ Equal Opportunities _____

Safeguarding Adults _____ Complaints Procedure _____

Service User Involvement _____ Harassment _____

Confidentiality _____ Volunteer Management _____

On behalf of the above named organisation/group we apply for full/associate membership of Waltham Forest WellComm and understand membership commits us to the WellComm mission and aims and we confirm that the above named organisation/ group meets the membership criteria.

Full Membership

Associate Membership.....
(please tick)

Signed:.....
Date:.....
Name:
Position in Organisation:

Signed:.....
Date:.....
Name:.....
Position in Organisation:

N.B Signatories must be officers of the organisation/ group (e.g. Chair, Treasurer, Secretary)

RETURN TO AGE CONCERN WALTHAM FOREST BY MAIL OR FAX