

Application for **Affiliation Only:** 1 November 2009 to 31 October 2010

Please ensure that **all sections** are completed in **full** and in **BLOCK CAPITALS**.

If you require Insurance, complete the 'Affiliation and Insurance' form.

Group name: <input style="width:90%;" type="text"/>	
Address: (where group meets) <input style="width:90%;" type="text"/>	
<input style="width:40%;" type="text"/>	Postcode: <input style="width:40%;" type="text"/>
Tel No: <input style="width:40%;" type="text"/>	Fax No: <input style="width:40%;" type="text"/>
Email: <input style="width:40%;" type="text"/>	Website: <input style="width:40%;" type="text"/>
Group contact: <input style="width:90%;" type="text"/>	
Address: <input style="width:90%;" type="text"/>	
Postcode: <input style="width:40%;" type="text"/>	Tel No: <input style="width:40%;" type="text"/>
Role within group: <input style="width:40%;" type="text"/>	Email: <input style="width:40%;" type="text"/>

Correspondence to be sent to either: (please tick only one box): Group or Group contact

Building we meet in: (please tick type) Community Centre/Wing <input type="checkbox"/> Youth Centre <input type="checkbox"/> Village Hall <input type="checkbox"/> School <input type="checkbox"/> Faith Based Building <input type="checkbox"/> Other <input type="checkbox"/> (please specify) <input style="width:100%;" type="text"/> If you do not want your group to be included in Youth Scotland's online youth group finder and the Young Scot WOW website, please tick this box <input type="checkbox"/>	No. of youth groups: (see guidance notes) How many youth groups are covered by this affiliation form <input type="checkbox"/> Type of Youth Provision: (please tick) Junior Youth Club <input type="checkbox"/> After School Club <input type="checkbox"/> Girls Club <input type="checkbox"/> Boys Club <input type="checkbox"/> Drop-in <input type="checkbox"/> Detached Youth Work <input type="checkbox"/> Youth Café <input type="checkbox"/> Interest/Issue Based <input type="checkbox"/> Faith Based <input type="checkbox"/> Other (please specify) <input type="checkbox"/> <input style="width:100%;" type="text"/>	Members/Contacts: (please give numbers) <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Ages</th> <th style="text-align: center;">Male</th> <th style="text-align: center;">Female</th> </tr> </thead> <tbody> <tr> <td>5-7</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>8-11</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>12-14</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>15-17</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>18+</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>Totals</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> </tbody> </table> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Workers</th> <th style="text-align: center;">Male</th> <th style="text-align: center;">Female</th> </tr> </thead> <tbody> <tr> <td>Full-Time</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>Part-Time</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>Volunteers</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>Totals</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> </tbody> </table>	Ages	Male	Female	5-7	<input type="text"/>	<input type="text"/>	8-11	<input type="text"/>	<input type="text"/>	12-14	<input type="text"/>	<input type="text"/>	15-17	<input type="text"/>	<input type="text"/>	18+	<input type="text"/>	<input type="text"/>	Totals	<input type="text"/>	<input type="text"/>	Workers	Male	Female	Full-Time	<input type="text"/>	<input type="text"/>	Part-Time	<input type="text"/>	<input type="text"/>	Volunteers	<input type="text"/>	<input type="text"/>	Totals	<input type="text"/>	<input type="text"/>	Opening Days/Times: Sun <input style="width:100%;" type="text"/> Mon <input style="width:100%;" type="text"/> Tues <input style="width:100%;" type="text"/> Wed <input style="width:100%;" type="text"/> Thurs <input style="width:100%;" type="text"/> Fri <input style="width:100%;" type="text"/> Sat <input style="width:100%;" type="text"/> Time of year group operates: <input style="width:100%; height: 50px;" type="text"/>
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Our group was affiliated during 2008/09: Yes No (please tick). If yes, what was the name of your group last year?

YouthBorders use only: Date Received: <input style="width:100%;" type="text"/> Fee Received: <input style="width:100%;" type="text"/> Status: New Group: <input type="checkbox"/> Re-Affiliating: <input type="checkbox"/>	Youth Scotland use only: Affiliation Number: <input style="width:100%;" type="text" value="350"/> Date Received: <input style="width:100%;" type="text"/> Fee Received: <input style="width:100%;" type="text"/> On Database: <input style="width:100%;" type="text"/> Cheque No.: <input style="width:100%;" type="text"/> Invoice No.: <input style="width:100%;" type="text"/>
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Governance**Our group:**

Please tick

Is Constituted Is in the process of being constituted Operates under the constitution of another group Operates as an individual part of a larger charitable Organisation, e.g. YWCA, Save the Children, etc. Is registered with the Office of the Scottish Charity Regulator (OSCR) Reg No.: Has an operational Management Committee Chairperson: Operates under the management of another group Name of Group: Named Contact: Relationship to Group: **Our Youth Group**

Yes No

Employs its own staff Recruits its own volunteer staff Uses staff/volunteers from other organisations (e.g. Local Authority) **Creating and Maintaining a Safe Youth Work Environment****Policy and Procedures**

The Youth Scotland Network is committed to supporting and promoting a safe youth work environment. The three policies stated below are the minimum requirements for all Youth Scotland members. Youth Scotland can give help and advice on producing and implementing these policies.

	in place	not in place	need assistance
Child Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health & Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recruitment and selection of staff and volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How does your youth group access the Disclosure system?

Yes No

Registered directly with the Central Registered Body in Scotland Registered directly with Disclosure Scotland Through another organisation If yes, please give details **Declaration (to be completed by all groups)**

I, the undersigned, acting on behalf of the group hereby apply for affiliation to YouthBorders.

By signing this form, I confirm that the:

- Youth group agrees to the conditions of affiliation as listed
- Individuals named in the affiliation form have been notified, and
- The information provided is accurate

If requested, we agree to provide a copy of the relevant policies and procedures within 7 days of the request.

Affiliation Fee: £75.00

We enclose the affiliation fee: £

Affiliation Only Declaration

We do not want to participate in the Youth Scotland insurance scheme. I understand that to do this we MUST provide the details below and sign this declaration.

	Employers' Liability	Public Liability
Insurance Company:	<input type="text"/>	<input type="text"/>
Policy No.:	<input type="text"/>	<input type="text"/>
Renewal Date:	<input type="text"/>	<input type="text"/>
Indemnity limit:	<input type="text"/>	<input type="text"/>

I certify that the above information is accurate and that the policies cover the activities of the youth group both inside and outside the premises. These will be in place for the duration of our affiliation. I understand that the youth group is not covered by the Youth Scotland insurance scheme.

Signed:

Date:

Print name:

Capacity for signing:

(eg Chairperson of Management Committee/worker in charge)

YouthBorders use only: Area Association Declaration:

I, the undersigned, acting on behalf of the Area Association, certify that this group has been accepted into membership of YouthBorders.

Signed:

Date:

(The person signing this Declaration should be an appropriate designated officer of YouthBorders).

Return this form and your affiliation fee to:

Training and Membership Co-ordinator
YouthBorders

Langlee Complex, Marigold Drive,
Galashiels TD1 2LP

Tel: 01896 755110 Fax: 01896 756535

Email: info@youthborders.org.uk

Please make cheques payable to: YouthBorders