### CVST Membership Registration 1st April 2023 - 31st March 2024



Imperial House
20-22 Rosemary Road
Clacton on Sea
Essex CO15 1NZ
Tel: 01255 425 692
www.cvstendring.org.uk
admin@cvstendring.org.uk

Name of organisation
Contact details for mailing list
Name:
Position: (This would normally be the Secretary or Administrator)
Address:
Email:
If you wish to receive information from us via email please tick here:
Telephone: Mobile:
Website:
Name of second contact:
Position: (This may be the Chairman or the Manager)
Address:
Email: Telephone:
Please tick to confirm which of the following policies/procedures are in place
☐ A bank account in the organisations name
☐ A procedure or policy in place for payments to be authorised by at least 2 people
☐ A Health and Safety Policy
☐ An Equal Opportunities Policy /Statement
□ Safeguarding Policy if providing services for children, vulnerable adults or both and that
you undertake DBS checks where appropriate.
□ Code of Conduct for Trustees
If you are unable to confirm that you have all of the above, please contact CVST on 01255 425692 or email <a href="mailto:admin@cvstendring.org.uk">admin@cvstendring.org.uk</a> before submitting this application.

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Organisation details					
Type of organisation - Pleas	se tick one				
Voluntary/community		Private			
Statutory		Funding I	body $\Box$		
Faith		Individua	I 🗆		
Organisation status:					
Registered charity		Charity No:			
Company		Company No:			
Company with charitable sta	atus 🗆				
Social Enterprise					
Voluntary not-for-profit orga	nisation				
CIC					
Other (please specify):					
	. , .			1.1	
Please state your organisati	on's opening	g hours/meeting t	imes, if applica	ble:	
Venue:					
Day/s:					
Time:					
Frequency:					
Please give a description of	vour organis	sation and what i	t does:		
Thouse give a decempnent of	your organic	sation and what i	1 4000.		
People in your organisation	n'				
Number of trustees/committees		s:			
Number of Volunteers:					
	ivalent steff				
Number of paid, fulltime equivalent staff:					
No. of members / service us	sers:				
Financial information:					
What was your income in the		=		0400 000	
£0 - £15,000	£15,00	00 - £100,000		£100,000 or over $\Box$	
What have been your major	sources of f	unding in the pas	st three years?		
Big Lottery					
NHS					
Essex County Council					
Tendring District Council	]				
Government	_				
Trust funding  Other please state:	_				
i Oliber Diease State.					

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Category of membership applying for:							
(Please see guidelines for	•						
Full	Associate	☐ Friend of CVST ☐					
What type of activity/service does your organisation provide?  Please tick all that apply							
Advocacy		Animal welfare					
Befriending		Benefit/debt/welfare rights					
Campaigning		Care home					
Child care		Parenting/maternity support					
Community development		Community centre/hall to hire					
Community safety		Conservation/recycling					
Creative arts		Dance					
Faith group		Gardening schemes					
Housing		Education/training					
Employment support		Heritage/local history					
Local council	□ Local speakers □						
Lunch club		□ Music □ □					
Social		□ Sports/physical activities					
Theatre		Transport					
_							
Who are your services s							
Local community/residents	$\Box$	Carers					
Minority ethnic groups		Faith or belief □					
Employed		Unemployed □					
Homeless		LGBTQ+ □					
Parents		Retired					
People with							
Mental health needs		Learning disabilities					
Physical disabilities		Sensory/communication disabiliti	es 🗆				
Experience of domestic vic	olence $\square$	Long term health conditions					
Addictions		Complex/multiple needs					
Age ranges/genders su							
0 to 5 years	5 to 11 ye	_					
18 to 59 years □	60 - 74	□ 75+ □					
Male   Table	Female	☐ Other – please specify:					
Training:  Would your organisation be interested in attending training?							
Would your organisation be interested in attending training?  Yes □ No □							
If yes please specify the area of training required:							
in yes piease specify the area of training required.							

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## **GENERAL DATA PROTECTION REGULATIONS (GDPR)**

I agree that CVS Tendring may use the information from this form to compile a database and to answer external enquiries.

Please tick if you agree to share this information. 

Further information on GDPR is available at <a href="https://www.ico.gov.uk">www.ico.gov.uk</a>

A copy of the CVST privacy policy is available on our website www.cvstendring.org.uk

Please note that an invoice for the affiliation fee will be sent to you if your application is successful.

Signed:	Date:
Print name:	

Thank you. Please keep us informed of any changes in your organisation.

Please return this form to:

CVST, Imperial House, 20-22 Rosemary Road, CLACTON ON SEA, Essex CO151NZ

Email: admin@cvstendring.org.uk Tel: 01255 425692

Enclosures required	Please indicate which documents you have enclosed
Organisation guidelines or constitution or mem & arts	
or terms of reference (new applications)	
List of Trustees or Committee Members	
Annual Report / Accounts or AGM Minutes	
Signed copy of the CVST Funding Policy	