

Organisation details			
Type of organisation - Please tick one			
Voluntary/community	<input type="checkbox"/>	Private	<input type="checkbox"/>
Statutory	<input type="checkbox"/>	Funding body	<input type="checkbox"/>
Faith	<input type="checkbox"/>	Individual	<input type="checkbox"/>
Organisation status:			
Registered charity	<input type="checkbox"/>	Charity No:	
Company	<input type="checkbox"/>	Company No:	
Company with charitable status	<input type="checkbox"/>		
Social Enterprise	<input type="checkbox"/>		
Voluntary not-for-profit organisation	<input type="checkbox"/>		
CIC	<input type="checkbox"/>		
Other (please specify):			
Please state your organisation's opening hours/meeting times, if applicable:			
Venue:			
Day/s:			
Time:			
Frequency:			
Please give a description of your organisation and what it does:			
People in your organisation:			
Number of trustees/committee members: _____			
Number of Volunteers: _____			
Number of paid, fulltime equivalent staff: _____			
No. of members / service users: _____			
Financial information:			
What was your income in the last financial year?			
£0 - £15,000	<input type="checkbox"/>	£15,000 - £100,000	<input type="checkbox"/>
			£100,000 or over <input type="checkbox"/>
What have been your major sources of funding in the past three years?			
Big Lottery	<input type="checkbox"/>		
NHS	<input type="checkbox"/>		
Essex County Council	<input type="checkbox"/>		
Tendring District Council	<input type="checkbox"/>		
Government	<input type="checkbox"/>		
Trust funding	<input type="checkbox"/>		
Other, please state:			

Category of membership applying for:			
(Please see guidelines for details)			
Full	<input type="checkbox"/>	Associate	<input type="checkbox"/>
		Friend of CVST	<input type="checkbox"/>
What type of activity/service does your organisation provide?			
<i>Please tick all that apply</i>			
Advocacy	<input type="checkbox"/>	Animal welfare	<input type="checkbox"/>
Befriending	<input type="checkbox"/>	Benefit/debt/welfare rights	<input type="checkbox"/>
Campaigning	<input type="checkbox"/>	Care home	<input type="checkbox"/>
Child care	<input type="checkbox"/>	Parenting/maternity support	<input type="checkbox"/>
Community development	<input type="checkbox"/>	Community centre/hall to hire	<input type="checkbox"/>
Community safety	<input type="checkbox"/>	Conservation/recycling	<input type="checkbox"/>
Creative arts	<input type="checkbox"/>	Dance	<input type="checkbox"/>
Faith group	<input type="checkbox"/>	Gardening schemes	<input type="checkbox"/>
Housing	<input type="checkbox"/>	Education/training	<input type="checkbox"/>
Employment support	<input type="checkbox"/>	Heritage/local history	<input type="checkbox"/>
Local council	<input type="checkbox"/>	Local speakers	<input type="checkbox"/>
Lunch club	<input type="checkbox"/>	Music	<input type="checkbox"/>
Social	<input type="checkbox"/>	Sports/physical activities	<input type="checkbox"/>
Theatre	<input type="checkbox"/>	Transport	<input type="checkbox"/>
Who are your services specifically for?: please tick at least 1			
Local community/residents	<input type="checkbox"/>	Carers	<input type="checkbox"/>
Minority ethnic groups	<input type="checkbox"/>	Faith or belief	<input type="checkbox"/>
Employed	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>
Homeless	<input type="checkbox"/>	LGBTQ+	<input type="checkbox"/>
Parents	<input type="checkbox"/>	Retired	<input type="checkbox"/>
People with			
Mental health needs	<input type="checkbox"/>	Learning disabilities	<input type="checkbox"/>
Physical disabilities	<input type="checkbox"/>	Sensory/communication disabilities	<input type="checkbox"/>
Experience of domestic violence	<input type="checkbox"/>	Long term health conditions	<input type="checkbox"/>
Addictions	<input type="checkbox"/>	Complex/multiple needs	<input type="checkbox"/>
Age ranges/genders supported: Please tick all that apply			
0 to 5 years	<input type="checkbox"/>	5 to 11 years	<input type="checkbox"/>
		11 to 18 years	<input type="checkbox"/>
18 to 59 years	<input type="checkbox"/>	60 - 74	<input type="checkbox"/>
		75+	<input type="checkbox"/>
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
		Other – please specify:	
Training:			
Would your organisation be interested in attending training?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes please specify the area of training required:			

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 www.ico.gov.uk

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	