



THE NETWORK OF YOUTH CLUBS AND GROUPS IN SCOTLAND

APPLICATION FOR AFFILIATION 2007/08

BASIC AFFILIATION (£60)

Group Name:

Address: (where group meets)

Postcode:

Tel. No: Fax:

e-mail: Website:

Group Contact:

Address:

Postcode:

Tel. No: Fax:

e-mail: Website:

Correspondence to be sent to either : (please tick) Group Group Contact

<p>Building we meet in: (please tick type)</p> <p>Community Centre/Wing <input type="checkbox"/></p> <p>Youth Centre <input type="checkbox"/></p> <p>Village Hall <input type="checkbox"/></p> <p>School <input type="checkbox"/></p> <p>Church <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>(please specify)</p> <input type="text"/>	<p>Type of Youth Provision (tick all relevant categories)</p> <p>Junior Youth Club <input type="checkbox"/></p> <p>After School Club <input type="checkbox"/></p> <p>Senior Youth Club <input type="checkbox"/></p> <p>Girls Club <input type="checkbox"/></p> <p>Boys Club <input type="checkbox"/></p> <p>Drop-in <input type="checkbox"/></p> <p>Detached Youth Work <input type="checkbox"/></p> <p>Youth Café <input type="checkbox"/></p> <p>Interest/Issue Based <input type="checkbox"/></p> <p>Other (please specify)</p> <input type="text"/>	<p>Members/Contacts: (please give numbers)</p> <table border="1"> <thead> <tr> <th>Ages</th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>5-7</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>8-11</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>12-14</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>15-17</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>18+</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Totals</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Workers:</th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>Full-Time</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Part-Time</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Volunteers</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Totals</td> <td><input type="text"/></td> <td><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"/>	<p>Opening: Days/Times:</p> <p>Sun <input type="text"/></p> <p>Mon <input type="text"/></p> <p>Tues <input type="text"/></p> <p>Wed <input type="text"/></p> <p>Thurs <input type="text"/></p> <p>Fri <input type="text"/></p> <p>Sat <input type="text"/></p>
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"/>																																					

Governance

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, eg YWCA, Save The Children, etc Is registered with the Inland Revenue Reg No: Has an operational Management Committee (please give details) 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

Important Notice: The Youth Scotland network takes the protection of children seriously. The policies and procedures given below are widely considered to be the minimum required for encouraging a safer youth work environment for both workers and young people. In order to meet the affiliation criteria of the Youth Scotland network **you must have policies and procedures** for the following:

Yes No

Child Protection Health & Safety Recruitment and selection of staff and volunteers **What is your group's policy for seeking criminal records checks for workers?**

Yes No

Undertake checks for all workers Undertake checks for **new** workers **How does your youth group access checks?**

Yes No

Through Central Registered Body in Scotland If yes, what is your Registered Body Code? Through Disclosure Scotland If yes, what is your Registered Body Code? Through another organisation

If yes, please give details

Affiliation Only Declaration

Our group wishes not to access 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 our group **will not be covered by the Youth Scotland Insurance Scheme**

Signed: Print Name: Capacity for signing: (eg Chairperson, etc) Date: **Declaration (to be completed by all groups)**

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

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.

Basic Affiliation Fee: **£60.00**

£ is enclosed (cheques to be made payable to LAYC)

Signed: Date: Print Name:

Capacity for signing: (eg Chairperson of Management Committee, worker in charge)