



AFFILIATION FORM

We the undersigned apply for membership of Berkshire Youth and in doing so understand that our membership will be registered with both Ambition and UK Youth. The Club accepts the standard of Affiliation and the Aims of Berkshire Youth, Ambition and UK Youth. We understand that it is our responsibility to provide adequate insurance for all activities undertaken, both at the youth club and off site.

Signed _____ Date _____
Chair or other committee member

Signed _____ Date _____
Leader of Group / Club

Payment

Cheques to be made payable to BACYP for the total annual premium.

Cost of affiliation to Berkshire Youth, Ambition and UK Youth is per club excluding insurance. This is an annual charge and does not reduce as the year goes on. The affiliation does not automatically entitle you to the use of Berkshire Youth products/services for summer schemes or equivalent projects.

Please confirm which level of membership you are applying for and the amount of the enclosed cheque

Full Associate Partner £ _____

Please return the completed form and payment to

Affiliations, Berkshire Youth, Watlington House, 44 Watlington Street, Reading, Berkshire RG1 4RJ

Affiliation year 1 April _____ to 31 March _____

Name of Club _____ Date established _____

Name of Club Leader _____ Name of Club Chairman _____

Address _____ Address _____

Postcode _____ Postcode _____

Telephone _____ Telephone _____

Mobile _____ Mobile _____

Email _____ Email _____

Tick if you do not wish to receive correspondence Tick if you do not wish to receive correspondence

Name of Club Secretary _____ Name of Club Treasurer _____

Address _____ Address _____

Postcode _____ Postcode _____

Telephone _____ Telephone _____

Mobile _____ Mobile _____

Email _____ Email _____

Tick if you do not wish to receive correspondence Tick if you do not wish to receive correspondence

Club Address

Address _____

Postcode _____

Unitary Authority

Affiliation number

Affiliation level Full Associate Partner

What activities does your club provide?

Insurance

Insurance policy # _____ Renewal date _____

Insurance provider _____

Policies

Accident investigation and prevention Child protection Equal opportunities Fire regulations

First aid Health and safety Staff vetting Training

Quality standard achieved _____ Date _____ Level _____

Days and times open

Mon _____ Open _____ Close _____ Tues _____ Open _____ Close _____

Wed _____ Open _____ Close _____ Thu _____ Open _____ Close _____

Fri _____ Open _____ Close _____ Sat _____ Open _____ Close _____

Sun _____ Open _____ Close _____ Term time only? Yes No

Membership figures Please state number of memberships

7 - 10 years 11 - 14 years 15 - 20 years 21 - 25 years

Boys _____

Girls _____

Date for membership figures _____

Membership origins Please state % of membership in 10's e.g. 10%, 20%, 30% etc

- White origin
- White Irish origin
- Any Other White Background
- White British origin
- Mixed / Dual origin
- Any Other Mixed origin
- White and Asian origin
- White and Black African origin
- White and Black Caribbean origin
- Asian or Asian British origin
- Bangladeshi origin
- Indian origin
- Any Other Asian Background origin
- Pakistani origin
- Black or Black British origin
- Black African origin
- Black Caribbean origin
- Any Other Black Background origin
- Chinese origin
- Information Not Yet Obtained origin
- Any Other Ethnic Group origin
- Refused origin

Data protection

Please note information from this form may appear in our address book and may be shared with other partners or organisations. If you disagree please tick.