



LEWIS & HARRIS YOUTH CLUBS ASSOCIATION



The network of youth groups

## NEW MEMBERS Application for Membership Only: V.1.22

Please ensure that **all sections** are completed in **full** and in **BLOCK CAPITALS**. Failure to do this will delay your insurance cover. **If you require Membership and Insurance, complete the 'Membership and Insurance' form.**

Group name: <input style="width: 90%;" type="text"/>	
Group contact name: <input style="width: 35%;" type="text"/>	Role within group: <input style="width: 55%;" type="text"/>
Email: <input style="width: 35%;" type="text"/>	Tel No: <input style="width: 55%;" type="text"/>
Alternative contact name: <input style="width: 90%;" type="text"/>	
Tel No: <input style="width: 25%;" type="text"/>	Email: <input style="width: 65%;" type="text"/>
Meeting Address (where group meets): <input style="width: 90%;" type="text"/>	
Postcode: <input style="width: 25%;" type="text"/>	Local Authority area: <input style="width: 65%;" type="text"/>

**Important:** If your group meets regularly in several locations, you must provide these on the additional sheet overleaf (giving full postal addresses and post codes) to ensure adequate insurance cover is provided.

Correspondence address (if different from above):	
Address: <input style="width: 45%;" type="text"/>	Local Authority area: <input style="width: 55%;" type="text"/>
Postcode: <input style="width: 45%;" type="text"/>	For regular LHYCA updates please tick box <input style="width: 55%;" type="checkbox"/>
Website: <input style="width: 45%;" type="text"/>	For regular Youth Scotland email updates please tick box: <input style="width: 55%;" type="checkbox"/>

Building we meet in: (please tick type)	Type of Youth Provision: (please tick all that apply)	Young People identify as: (please give numbers)	Opening Days/Times:																																																
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"/>	Junior <input type="checkbox"/> Senior <input type="checkbox"/> Boys <input type="checkbox"/> Girls <input type="checkbox"/> Drop-in <input type="checkbox"/> Sports <input type="checkbox"/> Arts / Drama / Creative <input type="checkbox"/> After School Club <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"/> Digital/Online <input type="checkbox"/> ASN <input type="checkbox"/> BPoC <input type="checkbox"/> Other: <input style="width: 100%;" type="text"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Ages</th> <th>Male</th> <th>Female</th> <th>In another way</th> </tr> </thead> <tbody> <tr><td>5-7</td><td><input type="text"/></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><td><input type="text"/></td></tr> <tr><td>12-14</td><td><input type="text"/></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><td><input type="text"/></td></tr> <tr><td>18+</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><b>Totals</b></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Workers identify as: (please give numbers)</th> <th>Male</th> <th>Female</th> <th>In another way</th> </tr> </thead> <tbody> <tr><td>Full-Time</td><td><input type="text"/></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><td><input type="text"/></td></tr> <tr><td>Volunteers</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><b>Totals</b></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>	Ages	Male	Female	In another way	5-7	<input type="text"/>	<input type="text"/>	<input type="text"/>	8-11	<input type="text"/>	<input type="text"/>	<input type="text"/>	12-14	<input type="text"/>	<input type="text"/>	<input type="text"/>	15-17	<input type="text"/>	<input type="text"/>	<input type="text"/>	18+	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>Totals</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Workers identify as: (please give numbers)	Male	Female	In another way	Full-Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	Part-Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	Volunteers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>Totals</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Sun <input style="width: 80%;" type="text"/> Mon <input style="width: 80%;" type="text"/> Tues <input style="width: 80%;" type="text"/> Wed <input style="width: 80%;" type="text"/> Thurs <input style="width: 80%;" type="text"/> Fri <input style="width: 80%;" type="text"/> Sat <input style="width: 80%;" type="text"/>  Time of year group operates: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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Has your group ever previously been a member of LHYCA?: Yes <input type="checkbox"/> No <input type="checkbox"/>	
(please give previous name of group if different from above) <input style="width: 90%;" type="text"/>	

LHYCA use only:	Youth Scotland use only:
Date Received: <input style="width: 100%;" type="text"/>	Date Received: <input style="width: 45%;" type="text"/> Cheque No.: <input style="width: 55%;" type="text"/>
Fee Received: <input style="width: 100%;" type="text"/>	Fee Received: <input style="width: 45%;" type="text"/> Invoice No.: <input style="width: 55%;" type="text"/>
Status: New Group <input type="checkbox"/>	

## Governance

Please tick

Please tick all that apply to your group/organisation:

- We have a written constitution ☐
- We are registered as a charity with the Office of the Scottish Charity Regulator (OSCR) ☐
- We are registered as a Company Limited by Guarantee with Companies House ☐
- We are a Scottish Charitable Incorporated Organisation (SCIO) ☐
- We are a Community Interest Company (CIC) ☐
- We are a Social Enterprise ☐
- Scottish charity number

We are part of a larger organisation (e.g. YMCA, Housing Association, Local Authority) ☐

Name of larger organisation/s:

Group/organisation's annual turnover:

- Under £5K ☐ Under £20K ☐ Under £50K ☐
- Under £100K ☐ Over £100K ☐ Under £250K ☐
- Over £250K ☐ Over £500K ☐

Status of our group/organisation's meeting address:

Own building ☐ Rent from another organisation ☐

If rent, please indicate the landlord:

Faith Based ☐ Local Authority ☐ School ☐

Private Company ☐ Other

Please indicate:

## Our Youth Group

Yes No

Employs its own staff ☐ ☐

If yes, you must provide your group's Employer

PAYE Reference Number \* /

Recruits its own volunteer staff ☐ ☐

Uses staff/volunteers from other organisations (e.g. Local Authority) ☐ ☐

## LHYCA/Youth Scotland Services:

### Policy and Procedures

The LHYCA/Youth Scotland Network is committed to supporting and promoting a safe youth work environment. The two policies stated below are the minimum requirements for all LHYCA/Youth Scotland members.

LHYCA/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"/>

Name of the Child Protection Officer for your group:

Name of the PVG Main Contact for your group:

## How does your youth group access the PVG Scheme?

- We are registered:
- |                                     | Yes                      | No                       |
|-------------------------------------|--------------------------|--------------------------|
| • directly with Volunteer Scotland  | <input type="checkbox"/> | <input type="checkbox"/> |
| • directly with Disclosure Scotland | <input type="checkbox"/> | <input type="checkbox"/> |
| • through another organisation      | <input type="checkbox"/> | <input type="checkbox"/> |
| • through Youth Scotland            | <input type="checkbox"/> | <input type="checkbox"/> |
- We would like to access the PVG Scheme through Youth Scotland ☐

Please tick if your group would prefer to receive the Youth Scotland Membership Pack by hard copy ☐

## Declaration (to be completed by all groups)

I, the undersigned, acting on behalf of the group hereby apply for membership to LHYCA and Youth Scotland.

By signing this form, I confirm that:

- we meet the membership requirements to become a full member \*
- we agree to maintain the quality standards for membership in order to develop and support a safe environment for young people.
- the individuals named in the membership form have been notified
- 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.

**LHYCA and Youth Scotland Membership Fee: £70.00**

We enclose the membership fee: £

## Membership 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 membership. 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)

**Group Descriptor - Please enter a short descriptor of your group and how it operates:**

**If you require more space for this section – please use overleaf / next page**

- a) Please provide a short description of your youth group – including the activities it delivers, the approaches you use, who the group is for, and the area you cover etc.:
- b) Describe your management committee including number of people, key roles, when they meet:
- c) Please tell us about your child protection arrangements and what you have in place to keep young people safe and sound:

**If you group operates in more than one meeting address:**

If your group meets regularly in several locations, you must provide these additional address below (giving full postal addresses and post codes) to ensure adequate insurance cover is provided.

Meeting Address 2:

Meeting Address 3:

Meeting Address 4:

Meeting Address 5:

**LHYCA use only: LHYCA Declaration:** I, the undersigned, acting on behalf of LHYCA, certify that this group has been accepted into membership of LHYCA.

Signed:

Date:

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

We will only use your information to provide the membership and youth work services you have chosen to participate in. Youth Scotland takes its obligations to any personal data held very seriously and has updated our privacy policy to accommodate new General Data Protection Regulations (GDPR).

You may see all of our policy online at [youthscotland.org.uk/privacy](https://youthscotland.org.uk/privacy) or contact LHYCA at [lhyc4u@hotmail.com](mailto:lhyc4u@hotmail.com)

**Return this form along with your cheque to:**

Gordon Macdonald, Chair

**LHYCA:** 5 Muirneag Court, Stornoway, Isle of Lewis, HS1 2JZ

**You can email your form to:** [lhyc4u@hotmail.com](mailto:lhyc4u@hotmail.com)

<https://www.lhyc4u.co.uk> Tel: 07872 641304

**Please make cheques payable to:** Youth Scotland – **to pay by BACS:**

Account Name: Youth Scotland

Sort Code: 80-02-27

Account Number: 00995847

**Group Descriptor - Please enter a short descriptor of your group and how it operates:**

**Continued.....**

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