



LEWIS & HARRIS YOUTH CLUBS ASSOCIATION



The network of youth groups

NEW MEMBERS Application for Membership Only: V.2.21

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:

Group contact name: Role within group:

Email: Tel No:

Alternative contact name:

Tel No: Email:

Meeting Address (where group meets):

Postcode: Local Authority area:

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: Local Authority area:

Postcode:

Website:

For regular LHYCA updates please tick box

For regular Youth Scotland email updates please tick box:

Building we meet in: (please tick type) 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 type="text"/>	Type of Youth Provision: (please tick all that apply) 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 <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"/> BAME <input type="checkbox"/> Other: <input type="text"/>	Members identify as: (please give numbers) <table border="1"> <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>Totals</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"/>	Totals	<input type="text"/>	<input type="text"/>	<input type="text"/>	Opening Days/Times: Sun <input type="text"/> Mon <input type="text"/> Tues <input type="text"/> Wed <input type="text"/> Thurs <input type="text"/> Fri <input type="text"/> Sat <input type="text"/> Time of year group operates: <input type="text"/>
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Has your group ever previously been a member of LHYCA?: Yes No

(please give previous name of group if different from above)

LHYCA use only: Date Received: <input type="text"/> Fee Received: <input type="text"/> Status: New Group <input type="checkbox"/>	Youth Scotland use only: Date Received: <input type="text"/> Cheque No.: <input type="text"/> Fee Received: <input type="text"/> Invoice No.: <input type="text"/>
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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

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

• directly with Disclosure Scotland

• through another organisation

• through Youth Scotland

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:

Continued.....

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) Please tell us about your management committee / governance – how it works, how often they meet, how many people are involved etc.:

c) Please tell us about your child protection arrangements and what you have in place to keep young people safe and sound: