

AFFILIATION FORM

Please answer all Sections by writing in the space provided or by ticking the appropriate box. Failure to complete the form fully will delay confirmation of your affiliation. The information on this form will be held and used in accordance with the Data Protection Act 1998.

1. CONTACT DETAILS

Group name:	
Please provide the following contact details for the Chair or Secretary of the group's management committee AND the main volunteer/worker in charge of the group during sessions. Please indicate which person will be the contact for all correspondence	
Name:	Name:
Position:	Position:
Address:	Address:
Postcode:	Postcode:
Main contact telephone number	Main contact telephone number
Mobile Telephone number:	Mobile Telephone number:
Email:	Email:
<input type="checkbox"/>	Please tick for main correspondent <input type="checkbox"/>
(or tick both boxes if you would like both contacts to receive OAYP mailings at additional cost of £10 per contact))	
Please remember to tell us if any of the above details change. You can write to us or call us at OAYP, 2 The Boundary, Wheatley Road, Garsington. OX44 9EJ	

2. MANAGEMENT STRUCTURE

All groups affiliating to OAYP must have a constitution and a management committee. Please confirm that the group is properly constituted and that it has an active management committee. <input type="checkbox"/> (As part of your membership you may be asked to produce a copy of your constitution)	
Please provide the name and position of each person on the group's management committee.	
Name	Position
	Chair
	Vice Chair
	Treasurer
	Secretary
	Other -
	Other -
	Other -
	Other -

3. AFFILIATION GUIDELINES

OAYP Affiliation Guidelines: <i>All affiliated groups must have a clear commitment to Health & Safety, Child Protection and Equal Opportunities.</i> Please confirm whether the group has written policies or procedures for each of the following areas:		
Does your group have a Child Protection Policy and Procedures?	YES	NO
Does your group have a written Health & Safety Policy and Procedures?	YES	NO
Do you use written Risk Assessments as part of any off-site activity or trip?	YES	NO
Do you use parental consent forms for all off-site activities or trips?	YES	NO
Does your group have an Equal Opportunities Policy or Statement?	YES	NO
Who are your qualified first aiders?		
Who are your Safeguarding trained personnel?		
Our Club Support workers are available to help your group meet minimum standards of good practice when working with young people. We can provide you with model documents and training and support on all aspects of our affiliation guidelines. If you would like us to contact you to discuss providing training or specific support or documents for your management committee or for your group's volunteers/workers – please tick here. <input type="checkbox"/>		

CRIMINAL RECORD BUREAU

OAYP Affiliation Guidelines: <i>All youth workers/volunteers involved with the group on more than one occasion during the course of a year must obtain an enhanced disclosure through the Criminal Records Bureau prior to commencing work with the group. Enhanced disclosures for all youth workers/volunteers should be renewed every 2 years.</i>		
Do all your committee members, volunteers and paid staff have appropriate CRB Disclosures administered through OAYP?	YES	NO
Do you require us to send you any blank forms at this time? (If YES, please indicate how many)		

4. GROUP INFORMATION

How would you best describe your youth group? For example, Youth Club, Sports Club, County Organisation	
Please provide the name and address of the venue where the group meets. Please note that the POST CODE is essential.	
	For purposes of the Activity Team's visits please provide details of your venue (i.e. size, space available etc.)
Please inform us when your group meets (circle where applicable).	Opening times
Sunday – weekly / fortnightly / monthly	
Monday – weekly / fortnightly / monthly	
Tuesday – weekly / fortnightly / monthly	
Wednesday – weekly / fortnightly / monthly	
Thursday – weekly / fortnightly / monthly	
Friday – weekly / fortnightly / monthly	
Saturday – weekly / fortnightly / monthly	
Does the youth group meet during term time only?	YES / NO

Please indicate the number of young people who are members of the group.					
Aged 8 to 12		Aged 13 to 19		Aged 20 to 25	
Male	Female	Male	Female	Male	Female
PLEASE NOTE – we do not provide support or activities for under 8's.					
Please indicate the number of volunteers/workers involved with the group.					
Full time paid		Part time paid		Voluntary	
Does the group have a minimum of 2 adult volunteers/workers present at all times during its sessions?					YES / NO
Does the group have at least one qualified first aider present at all times during its sessions?					YES / NO
The following information will be used for our monitoring and to best target member groups if we are delivering a specific project.					
White- UK					
White- Irish					
White- Other background					
Black Caribbean					
Black African					
Black British					
Asian					
Asian- British					
Travellers					
Asylum seekers					
Other					
TOTAL					
Additional education needs/learning disabilities					
Physical disabilities					
TOTAL					

5. INSURANCE

Adequate Public and Employers Liability insurance is a condition of affiliation.

INSURANCE DECLARATION

I have arranged Public Liability Insurance to a limit of Indemnity of £5 million and Employers Liability to a Limit of Indemnity of £10 million which indemnifies the group, its officers and members for all liabilities associated with its activities, including but not limited to:-

1. Participation in inter-club and OAYP, regional, divisional and national activities.
2. Indemnity to OAYP regional and national agencies.

The policy provides for all activities undertaken and will remain in force throughout the affiliation year to the 31st March.

Signature: **Print Name:** **Date:**

Name of Insurance Company:	
Name of Insurance Broker:	
Policy Number:	
Renewal Date:	

6. DATA PROTECTION

We NEVER sell or make publicly available the personal contact details of the people on this form without your permission. The information you have supplied will be used as part of your OAYP affiliation. A copy will be passed to Oxfordshire County Council Youth Service as part of your affiliation. Your details will also be passed to Clubs for Young People (CYP).

We are contacted from time to time by people trying to find youth clubs in their area, or the authorities asking for help, or by other organisations with services which are beneficial to youth groups. May we pass on the correspondent's contact information to respond in this situation?

YES

NO

7. AFFILIATION FEES

	Club Fees
Affiliation Fee	£60
New Club Joining Fee (£15 late fee if joining after 1 st May)	
Additional £10 Mailing Fee (optional)	
TOTAL	

All cheques should be made payable to Oxfordshire Association for Young People.

Club Correspondent	Committee Member
Name:	Name:
Signature:	Signature:
Date:	Date:

INCOMPLETE FORMS WILL BE RETURNED

Remember, if you have any questions regarding affiliation or filling in this form please contact Club Support on 01865 368027 or clubsupport@oayp.org.uk