

# Essex Boys & Girls Clubs

Supporting young people to realise their potential since 1939

www.essexboysandgirlsclubs.org

Harway House, Rectory Lane, Chelmsford CM1 1RQ

T: 01245 264783 Registered Charity Number: 1163658



ESSEX

## AFFILIATION RENEWAL FORM 2024/ 2025

AFFILIATION IS REQUIRED TO GAIN ACCESS TO OUR SERVICES, ACTIVITIES & SPECIAL OFFERS

**PLEASE COMPLETE THIS FORM & RETURN IT WITH PAYMENT BY 1<sup>ST</sup> APRIL 2024**

### Club Name:

Club Meeting Venue Address, to be listed on our website: (not a personal address)

Postcode:

Registered Charity no. (if applicable)

Club Tel No:

Club Email:

Club Website:

Please list any social media sites on which the club interacts with members + supporters:

### Brief Description of your Organisation

#### CHAIRPERSON:

Address:

Postcode:

Email Address:

Tel No:

Mobile:

#### TREASURER:

Address:

Postcode:

Email Address:

Tel No:

Mobile:

#### CLUB LEADER:

Address:

Postcode:

Email Address:

Tel No:

Mobile:

#### CLUB SECRETARY:

Address:

Postcode:

Email Address:

Tel No:

Mobile:

### Of the people listed above...

Please name one person to be the liaison with our team on all points, including receiving newsletters, activity flyers, funding information, making visit appointments, dealing with volunteers etc.

Please name one person to be listed on our website as the contact for outside agencies (this could be the same person)

Please name one person to be the contact for Safeguarding and DBS

**CLUB MEMBERSHIP**

**STAFF**

Age	Male	Female	Total	Ethnicity	%		Male	Female
7 to 10				Asian, Asian British		Full Time Paid		
11 to 13				Black, Black British, Caribbean or African		Part Time Paid		
14 to 16				Mixed		Voluntary		
17 to 19				White		Management		
19 to 25				Other ethnic group				
Total				Prefer not to say				

For the 3 questions below please state if you collect this information from your club members and it's an accurate representation or an estimate	Yes, we collect this information/It's an estimate
As a percentage how many of your members would you consider coming from areas of deprivation?	%
As a percentage how many club members are on free school meals?	%
As a percentage how many club members come from low-income families?	%

\*Please note we are being asked for this information by a range of services.

**OPENING HOURS & ACTIVITIES PROVIDED**

**DBS CHECKS**

MON		Confirm that the club conducts background checks into staff and volunteers working with young people and where necessary requires them to gain an enhanced DBS. YES / NO
TUES		
WEDS		
THURS		
FRI		
SAT		
SUN		

**TYPE OF CLUB** (please tick box)

**CLUB MANAGEMENT**

Club for Boys Only		Is your club governed by Constitution, Memorandum or Articles? If 'Yes' please indicate which:  If 'No' what governing document is used?
Club for Girls Only		
Youth Club		
Boys Club with mixed provision		
Boxing Club		
Football Club		
Other Single Activity Club		Are the club premises owned, rented, or hired by the club?
Other Category not covered above, please detail:		

Please list any other youth/sports organisations to which the Club is affiliated:	<b>INSURANCE:</b> You must have Public and Employer Liability Insurance of at least <u>£5,000,000</u> for your activities: Name of Insurer: Date Premium Paid: Insurance Cover: £
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**AFFILIATION FEE**

**Minimum £45** (34 Members)  
 then **add 60p** for each further member up to a **Maximum £85** (100 members)  
 – over 100 members incur no extra fee.  
**Fee Due £.....**

Payable to 'Essex Boys & Girls Clubs' by cheque or **BACS to CAF Bank Ltd.**, Sort Code **40 52 40**, Account **00015408**  
 (Please write club name on cheque or include Club Name with payment via BACS)

Do you provide opportunities for Club Members to participate in the running of the club?  
**Yes / No**  
 (please specify type e.g.: Youth Committee)

**CLUB DECLARATION** I confirm that the information above is correct to the best of my knowledge.

Signed..... NAME..... DATE.....  
 Position held in Club.....

**For Official Use Only**

Date received ..... Payment Received £..... Method **Cash / Cheque / BACS**  
 I confirm that this club meets the conditions of Affiliation and the EBGC Executive Committee recommends the granting of ASSOCIATE / FULL membership  
 Signature of Authorised Officer.....NAME.....Date.....