

Application for Membership

If you have read the Membership Prospectus and wish to become a member of the Shropshire Providers Consortium please complete this Application for Membership form.



Shropshire Providers Consortium
Delivering Services with added social value

For organisations applying for full membership, please answer all questions and provide supporting documents. For those organisations apply for associate membership, Section Three is optional.

Please return your completed form to Julie.tustin@spconsortium.co.uk

If you require help completing any part of this form, please contact Julie.tustin@spconsortium.co.uk

Application for Membership

Section 1: About Your Organisation

Name of organisation:

Address:

Main Contact:

Role:

Telephone:

Mobile:

Email:

Website:

What are the social aims of your organisation?

Please tell us about the main services you provide.

Section 2: Eligibility for Membership

In completing the following questions, please refer to the eligibility criteria section of the Membership Prospectus.

Is your organisation a member of the Shropshire VCS Assembly?

Yes

No

Applying for membership

Is your organisation 'not for personal profit'?

Yes

No

What is the legal status of your organisation?

Registered Charity

CIC limited by Guarantee

CIC limited by Shares

Company Limited by Guarantee

Other (please state)

Please provide company/charity number if relevant:

Does your organisation provide services in Shropshire? If cover other areas, please state?	Yes exclusively Yes partly Majority outside Shropshire
Do you agree to the vision, aims and objectives of the consortium?	Yes No
Please provide a brief statement detailing how your organisation intends to contribute to the consortium and meet its aims and objectives:	
<p>Section 3: Contract Ready Criteria <i>It's only compulsory to complete this section if you are applying for full membership.</i></p>	
Part A: Financial Health	
Please enter the name of the person responsible for your organisations financial matters:	
E-mail:	
Fax:	
Who are your bankers?	Please provide contact details.
Please provide information of your organisations annual turnover last three years:	
Year end:	£
Year end:	£
Year end:	£
Over the last 3 years, have there been any outstanding claims or litigation against the organisation?	Yes (please provide details) No
Over the past 3 years, has your organisation met all its obligations to pay creditors and staff?	Yes No (please provide details)
Is your organisation registered for VAT? If yes please provide number. <i>This is not a requirement of membership.</i>	
Does your organisation have public liability insurance?	Name of insurer: Policy number: Expiry date: Financial limit of liability:
Does your organisation have Employers Liability insurance?	Name of insurer: Policy number: Expiry date: Financial limit of liability:

Does your organisation have professional indemnity insurance? <i>This is not a requirement of membership.</i>	Name of insurer: Policy number: Expiry date: Financial limit of liability:
If asked, are you able to supply: <ul style="list-style-type: none"> • Most recent audited accounts • A statement of turnover, profit and loss or • bank letter outlining current position 	Yes No
Part B: Health and Safety	
Does your organisation have, and is able to supply a health and safety policy or statement?	Yes No
Has your organisation been served with an enforcement notice or been prosecuted in the past three years from breaches of health and safety legislation?	Yes No If yes please give details and the measures you have taken to ensure it will not reoccur
Over the last three years, have there been any outstanding claims or litigation against the organisation?	Yes No Details:
Do you routinely carry out risk assessments?	Yes No Details:
Has your organisation been involved in any reportable accidents/incidents in the last three years?	Yes No Details:
Does your company monitor accidents, ill health caused by work, health and safety performance?	Yes No Details:
Does your organisation have a recognised health and safety management system? Please give details.	Yes No Details:
Do you have a health and safety training programme for employees?	Yes No Details:
Part C: Equal Opportunities	

Does your organisation have and is able to supply an Equality and diversity policy or statement?	Yes No Does your policy detail how the organisation deals with recruitment, training and promotion?
Is it the policy of your organisation as an employer to comply with the statutory obligations under current Equality and diversity legislation?	Yes No
In the past 3 years, has any claim or finding of unlawful discrimination been made against your organisation by any court?	Yes No Details:
In the last 3 years, has your organisation been the subject of formal investigation by the Equality and Human Rights Commission, Commission for Race Equality, The Equal Opportunities Commission or the Disability Rights Commission on grounds of alleged unlawful discrimination?	Yes No Details:
Part D: Technical Capacity and Experience	
<p>Please provide details of three contracts/SLAs you have delivered over the last three years. Where possible at least one should be public sector. Please refer to: name of customer, contact name address and contact number, value of contract, dates, nature of work undertaken.</p>	
Are there any outstanding claims, litigations or judgements against your organisation?	Yes No Details:
In the last 3 years has your organisation ever had a contract or SLA agreement terminated early? <i>If yes please state name of authority, date and reasons for termination</i>	Yes No Details:
Please give details of all fines, penalties or deductions incurred in the last three years as a result of non-performance on a contract.	

<p>Does your organisation hold or is working towards an externally-accredited quality mark and is able to supply relevant certificates?</p>	<p>Yes No Date achieved/expected to achieve</p> <p>Eg: ISO9001 PQASSO MATRIX Investors in People Other (please detail)</p>
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<p>Does your organisation hold each of the following ICT capabilities:</p> <ul style="list-style-type: none"> • Reliable and continuous internet access • An ICT policy • Ability to provide contract performance information by computer • Ability to hold financial records on computer 	<p>Yes No Details:</p>
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Section 4: Additional Information

Part A: Staffing

<p>How many members of staff are employed by your organisation?</p>	<p>Number permanent full time Number permanent part time Number casual staff Number volunteers</p>
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Please list any professional or trade organisations by which your company is accredited.

Name of awarding body	level of accreditation	Date achieved

Part B: Governance

<p>Does your organisations governing document enable your organisation to:</p> <ul style="list-style-type: none"> • Enter into contracts • Work in partnership 	<p>Yes No</p>
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Do any of the following statements apply to your organisation or to any of the directors:

- In a state of bankruptcy, insolvency, compulsory winding up, receivership, composition with creditors, or subject to relevant proceedings?
- Has been convicted of a criminal offense related to business or professional conduct.
- Has committed an act of grave misconduct in the course of business?

Section 5: Declaration

This declaration must be signed by two authorised representatives of your organisation. At least one of these signatories must be a member of the governing body.

We declare that by signing this application to join Shropshire Providers Consortium CIC:

1. We confirm that we are duly authorised to sign this declaration on behalf of the applicant organisation
2. We confirm that this application and the information within it has been authorised by the management committee other governing body or board
3. We confirm that we have read the Membership Prospectus and share the values of the Shropshire Providers Consortium CIC
4. We certify that the information given in this application is true and confirm that the supporting information provided are current, accurate and adopted or approved by our organisation.
5. We understand that if we make any seriously misleading statements at any stage during the application process, or we knowingly withhold information this could make our application invalid.
6. We understand that the decision of Shropshire Providers Consortium CIC is final
7. We understand that a copy of this form with supporting documents will be retained on record by Shropshire Providers Consortium CIC
8. We agree that if this application is successful, our organisation and its staff and representatives' will abide by the rules of Shropshire Providers Consortium CIC.

Signatory One (main contact)	
Name	
Position	
Signed	
Dated	

Signatory Two (Trustee)	
Name	
Position	
Signed	
Dated	

Supporting Information

If you are applying for full membership, together with your application form please also submit the following supporting documents.

- Annual accounts for the last 3 years appropriately audited or independently examined. or if a new organisation, please provide as much details as possible e.g. bank statement, evidence of income, cash flow.
- Signed and dated copy of your governing document
- Health and Safety Policy, Equality and diversity policy
- Details of large contracts you have won & delivered on
- Reference Name & contact details from a large contract you have delivered