

UK Advocacy Network
Membership Application Form 2009 – 2010

Group name:

Contact name:

Group address:

Postcode:

Telephone number:

Email:

How long has your group existed?

How many members in your group?

What type of group are you? (E.g. patients' council, user forum, advocacy project, action group, self- help group, other type)

What does your group do?

What services, if any, does your group provide?

Is your group registered as a company?

Is your group registered as a charity?

Does your group have a constitution?

Does your group have policies and procedures?

Does your group have a Management Committee?

If so, how many people are there on the committee?

How many of the people who make up your group's Management Committee are mental health service users / survivors?

Does your group have a budget?

If so, is the budget £10,000+

What is the source of this budget?

Is this budget controlled by mental health service users / survivors?

Does your group employ volunteers?

If so, how many volunteers does your group employ?

How many of the volunteers employed by your group are mental health service users / survivors?

Does your group employ paid workers?

If so, how many paid workers does your group employ?

How many of the paid workers employed by your group are mental health service users / survivors?

Section 1: We wish to apply for UKAN membership. *Please delete as appropriate

- We comply with the declaration for full UKAN member groups. We are applying for full membership.*
- We are applying for associate membership.*

Section 2: Below are the signatures of three members of our group / organisation who are mental health service users / survivors:

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

Section 3: *Please delete as appropriate

- We do / do not enclose a copy of our group's equal opportunities policy.*
- We do / do not enclose a copy of our group's constitution, policies, procedures etc.*

Section 4:

Organisational Member's Agreement & Guarantee

UK Advocacy Network Limited
Company Limited by Guarantee Registered No. 3796174
Registered Office: Volsolve House, 14 -18 West Bar Green, Sheffield S1 2DA

We agree to become an Organisational Member of the UK Advocacy Network Limited.

Should the company be wound up, we promise to pay the sum of £1.00 towards its debts if asked to do so.

Organisation (Company) Name _____

Address _____

_____ Post code _____

Signed for (insert your company name) _____

By (insert your own name) _____

Membership Confirmed by UK Advocacy Network

Notes on completing the UKAN Membership Application Form

There are two types of UKAN membership available: full and associate. Full membership is open to all user controlled mental health groups and associate membership is open to non-user controlled mental health advocacy groups that actively promote mental health service user empowerment.

In order to maintain our user controlled ethos voting rights are restricted to full members i.e. user controlled groups.

Please complete pages **1** and **2** of the main application form. Whichever type of membership your group is applying for you must complete the name, address and contact name sections.

Page 3 Section 1: Your group needs to state which type of UKAN membership it is applying for.

If your group is applying for full membership you must read and comply with the following statement:

‘Declaration for full UKAN member groups’

“We are a mental health service user controlled group and confirm that our management committee / steering group / governing group have a majority of users. All policy decisions are made by users who have the final vote”.

Page 3 Section 2: Whichever type of UKAN membership your group is applying for you need to provide the signatures of three mental health service users.

Page 3 Section 3: Groups applying for either type of UKAN membership need to recognise equal opportunities and must have an equal opportunities policy or be in the process of developing an equal opportunities policy. If your group has a written equal opportunities policy please forward a copy with your application form. Copies of any other policies or procedures would be most helpful but not essential.

Page 3 Section 4: Groups applying for either type of UKAN membership need to complete and sign the Organisational Member’s Agreement.

Please remember that UKAN is a networking organisation and that your group’s details will be stored on a database. Please let us know if any of the information you provide in your application should not be shared.

If you have any questions about any of the application form please email office@u-kan.co.uk

Please send completed forms to UKAN, C/O 8 Beulah View, Leeds, LS6 2LA.

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