



Walsall Voluntary Action is a voluntary organisation established, owned and run by local groups.

Our mission is to support, promote and develop local voluntary and community action across Walsall.

We support our members by providing a range of services and by acting as the voice of Walsall's thriving voluntary and community sector.

Voluntary organisations, individuals or groups active in the community can use our services and facilities.

WVA Membership benefits include:

Priority access to WVA services and facilities.

Access to Funding, Development & Constitution support.

Use of our meeting room at reduced rates.

Reduced rates for photocopying and mailings.

Voting rights at our AGM.

The right to nominate a representative on our Board of Trustees.

Application Form for:

- ◆ Development Assistance
- ◆ Inclusion in our Community Database
- ◆ Inclusion on our Mailing List
- ◆ Membership of Walsall Voluntary Action

A. Your contact details

Organisation Name:

Address:

.....
.....

Town or City:

Region:

Postcode:

Phone:

Fax:

Email:

Website:

Your Public Helpline number (if applicable):

Main contact name for your organisation:

Who is Chair of your organisation?:

Who is your authorised representative? (This is the member of your organisation who you appoint to attend our AGM and vote on your behalf):

What are your organisation's activities, aims & objectives?

B. How can we help you?

We provide a wide range of services to groups and organisations across the voluntary and community sector. Please use this section to tell us which issues we can assist your organisation with.

COMMUNICATIONS



- Chairing meetings effectively
- Minute taking skills
- Networking with other organisations
- Help with publicity material (newsletters and leaflets)

CONSTITUTIONS & GOVERNANCE



- Drawing up a new constitution
- Amending an existing constitution
- Advice on charitable status
- Advice on company status

DEVELOPMENT SUPPORT



- Starting a new group
- Community development
- Planning

MANAGEMENT



- Supervising staff and volunteers
- Recruitment and selection
- Quality systems
- Creating work programmes
- Managing projects
- Evaluation

FINANCE



- Financial planning: budget and cash flow
- Bank statements and reconciliation
- Basic bookkeeping
- Financial management and control
- PAYE and National Insurance
- Year end accounts
- Preparing your annual report

FUNDING & FUNDRAISING



- Fundraising advice
- Writing effective applications

INSURANCE



- Public Liability
- Employers' Liability
- Other insurance

TRUSTEES & MANAGEMENT COMMITTEES



- Duties and responsibilities
- Management of a voluntary organisation
- Policy support
- Equal opportunities policies

Have you received support from WVA or any other organisation in the past? If so, please give details here:

C. About your organisation

Which areas do you work in?

- Nationwide West Midlands Region Black County Walsall (borough-wide)

If your organisation is more locally focussed, please tell us which areas of Walsall you operate in:

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Aldridge | <input type="checkbox"/> Dangerfield | <input type="checkbox"/> Palfrey |
| <input type="checkbox"/> Aldridge North | <input type="checkbox"/> Darlaston | <input type="checkbox"/> Park Hall |
| <input type="checkbox"/> Alumwell | <input type="checkbox"/> Delves | <input type="checkbox"/> Pelsall |
| <input type="checkbox"/> Beechdale | <input type="checkbox"/> Fallings Heath | <input type="checkbox"/> Pheasey |
| <input type="checkbox"/> Bentley | <input type="checkbox"/> Goscote | <input type="checkbox"/> Pleck |
| <input type="checkbox"/> Birchills | <input type="checkbox"/> Leamore | <input type="checkbox"/> Rough Hay |
| <input type="checkbox"/> Blakenall | <input type="checkbox"/> Mossley | <input type="checkbox"/> Rushall |
| <input type="checkbox"/> Bloxwich | <input type="checkbox"/> Dudley Fields | <input type="checkbox"/> Shelfield |
| <input type="checkbox"/> Brownhills | <input type="checkbox"/> Moxley | <input type="checkbox"/> Short Heath |
| <input type="checkbox"/> Caldmore | <input type="checkbox"/> New Invention | <input type="checkbox"/> Streetly |
| <input type="checkbox"/> Chuckery | <input type="checkbox"/> North Walsall | <input type="checkbox"/> Walsall Wood |
| <input type="checkbox"/> Clayhanger | <input type="checkbox"/> Paddock | <input type="checkbox"/> Willenhall |

What services do you provide?

ACTIVITIES

- | | | |
|---|--|---|
| <input type="checkbox"/> After School | <input type="checkbox"/> Day Care | <input type="checkbox"/> Play Groups/
Play Schemes |
| <input type="checkbox"/> Arts & Culture | <input type="checkbox"/> Leisure | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Community Centre | <input type="checkbox"/> Luncheon Club | |

ADVICE

- | | | |
|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Advice/Advocacy | <input type="checkbox"/> Bereavement | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Benefits | <input type="checkbox"/> Debt | <input type="checkbox"/> Relationship |

COUNSELLING

- | | | |
|--|--|---------------------------------|
| <input type="checkbox"/> Bereavement | <input type="checkbox"/> Counselling - general | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Conciliation &
Mediation | <input type="checkbox"/> Debt | |

EDUCATION & TRAINING

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> Basic Literacy &
Numeracy | <input type="checkbox"/> Education | <input type="checkbox"/> Training |
| <input type="checkbox"/> Careers Guidance | <input type="checkbox"/> Public Information | |

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HEALTH

- | | | |
|--|---|--|
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Palliative Care | <input type="checkbox"/> Sexual Health |
| <input type="checkbox"/> Complimentary Therapies | <input type="checkbox"/> Physical Health (including aids & adaptations) | <input type="checkbox"/> Solvent Abuse |
| <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> Respite Care | <input type="checkbox"/> Specialist Medical Services |
| <input type="checkbox"/> General Health Advice | | |

SUPPORT SERVICES

- | | |
|--|---|
| <input type="checkbox"/> Crisis | <input type="checkbox"/> Learning Difficulties |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Men Only |
| <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Support on Specific Health |
| <input type="checkbox"/> Ex-Service Personnel & Families | <input type="checkbox"/> Women Only |

OTHER

- | | | |
|---|--|---|
| <input type="checkbox"/> Accommodation & Housing | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Umbrella Groups |
| <input type="checkbox"/> Animal Welfare | <input type="checkbox"/> Promotion of Religion | <input type="checkbox"/> Volunteering |
| <input type="checkbox"/> Befriending | <input type="checkbox"/> Rehabilitation of Offenders | <input type="checkbox"/> Working on Other Countries |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Telephone Helpline | <input type="checkbox"/> Improve Human Rights |
| <input type="checkbox"/> Crime Prevention | <input type="checkbox"/> Tenants & Residents Association | <input type="checkbox"/> Other (please state) |
| <input type="checkbox"/> Domicillary Care | <input type="checkbox"/> Translation Services | |
| <input type="checkbox"/> Environmental Conservation | | |

D. Your organisation's structure

When was your organisation established? (please give date):

Please give the date of your last Annual General Meeting:

How many members are there on your Management Committee?

Of your workers, how many are:

Paid full-time? Paid part-time? Volunteers Unpaid other

Is your organisation:

A Community Group?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
An Umbrella Body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are you registered with the Charity Commission? Yes No
 If yes, what is your Charity Registration Number?

Continued overleaf 

Are you a Company limited by guarantee? Yes No
If yes, what is your Company Number ?

Are you a member of any affiliated organisations? Yes No
If yes, please give details, including their contact addresses:

What is the annual turnover of your organisation?
 Less than £10,000 £10,000 - £50,000 £50,000 - £100,000
 £100,000—£250,000 Over £250,000

Does your organisation have the following:
 Set of Rules?
 Constitution?
 Memorandum and Articles of Association?

E. About your clients

Which age groups does your organisation work with?

- | | | |
|-----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> All Ages | <input type="checkbox"/> 14 -19 | <input type="checkbox"/> 50 plus |
| <input type="checkbox"/> 0 - 4 | <input type="checkbox"/> 18 plus | |
| <input type="checkbox"/> 5 - 13 | <input type="checkbox"/> 20 - 49 | |

Which clients do you serve?

AGES & GENDER

- | | | |
|---|---|--|
| <input type="checkbox"/> Adult Survivors of Child Sex Abuse | <input type="checkbox"/> Disadvantaged People living in Urban Areas | <input type="checkbox"/> Unemployed Young People |
| <input type="checkbox"/> Children/Young People excluded from School | <input type="checkbox"/> Disadvantaged Young People | <input type="checkbox"/> Women & Girls |
| <input type="checkbox"/> Children 0 - 4 | <input type="checkbox"/> Men & Boys | <input type="checkbox"/> Young People 14 - 19 |
| <input type="checkbox"/> Children 5 - 13 | <input type="checkbox"/> Older People & their Carers | |

HEALTH

- | | | |
|--|---|--|
| <input type="checkbox"/> People with Terminal Illnesses & their Carers | <input type="checkbox"/> People with Drug/Solvent Misuse & their Carers | <input type="checkbox"/> People with Mental Health Problems & their Carers |
| <input type="checkbox"/> People with Alcohol Misuse & their Carers | <input type="checkbox"/> People with Health Problems & their Carers | |
| <input type="checkbox"/> People with Disabilities & their Carers | <input type="checkbox"/> People with HIV/AIDS & their Carers | |

HOUSING

- | | |
|--|--|
| <input type="checkbox"/> Homeless People | <input type="checkbox"/> People living in Residential Care |
|--|--|

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SOCIAL GROUPS

- | | | |
|--|--|---|
| <input type="checkbox"/> Asylum Seekers/Refugees | <input type="checkbox"/> Gypsies & Travellers | <input type="checkbox"/> Migrants |
| <input type="checkbox"/> Black Minority Ethnic Communities | <input type="checkbox"/> Lesbians, Gay Men & Bisexuals | <input type="checkbox"/> People from a Particular Faith |

SURVIVORS

- | | | |
|--|---|--|
| <input type="checkbox"/> Adult Survivors of Child Sexual Abuse | <input type="checkbox"/> Victims of Crime | <input type="checkbox"/> Victims of Physical Abuse |
| <input type="checkbox"/> People who have been abused | <input type="checkbox"/> Victims of Domestic Violence | <input type="checkbox"/> Victims of Domestic Abuse |

OTHER

- | | | |
|--|---|---|
| <input type="checkbox"/> Animal Welfare | <input type="checkbox"/> Lone Parents | <input type="checkbox"/> Self Employed People |
| <input type="checkbox"/> Carers (including young carers) | <input type="checkbox"/> Offenders & Prison Inmates | <input type="checkbox"/> General Public |
| <input type="checkbox"/> Ex-service personnel & families | <input type="checkbox"/> People in Debt | <input type="checkbox"/> Unemployed People & Groups |
| <input type="checkbox"/> Families | <input type="checkbox"/> People on Low Incomes | <input type="checkbox"/> Other (please state) |
-

F. And finally...

Does your organisation wish to be included on Walsall Voluntary Action's mailing lists, directories and website?

- Yes No

Does your organisation wish to be considered for membership of Walsall Voluntary Action?

- Yes No

NOTE: If applying for membership, you will need to submit a copy of your Set of Rules, Constitution or Memorandum of Articles of Association. Have you submitted a copy with this form? Yes No

As part of our communications activity, we occasionally use photography for publicity purposes. We would like your permission to photograph/film you for possible inclusion in our publications, website and other publicity material. The image will remain the property of Walsall Voluntary Action and will be used for the designated purpose of promoting Walsall Voluntary Action and the wider sector. **Is your organisation willing to allow photographs of your events, activities and personnel to be used in this manner?** Yes No

Declaration (to be signed by the main contact named in Section A)

I confirm that the information I have given above regarding the organisation I represent is accurate at the time of submission.

Signature:.....

Date:.....

Please return this form to: **Walsall Voluntary Action, Jerome Chambers, 16-16a Bridge Street, Walsall WS1 1HP**