

**ADVICE NETWORK AND TRAINING PARTNERSHIP
(BRADFORD & DISTRICT)**

APPLICATION FOR MEMBERSHIP

Organisation Name:.....

Lead Contact Name:.....

Address:.....

.....

Telephone:.....

E-mail:.....

Main Client Group/s or Area/s Served:.....

.....

Main Area/s of Social Welfare Advice (please circle any/all that apply below):

benefit/tax credit; debt; housing; employment rights; immigration/asylum/refugee;

community care; consumer; other (please explain):

Membership Level (please circle):

- **Full**
- **Associate**
- **Supporting**

Statement: this organisation gives / supports the provision of* free, confidential, impartial and independent advice and is committed to the charitable aims of the Advice Network & Training Partnership (Bradford & District) as set out in its membership rules.

(* delete as applicable for level of membership applied for)

Signed:

Date:

Name (in block capitals):

CHECKLIST FOR ANTP MEMBERSHIP APPLICATIONS

Full membership: please submit a copy of your current CLS Quality Mark certificate at the General Help, General Help with Casework or Specialist level

Associate membership: please submit a copy of the following documents with your application form:

Constitution/Memorandum & Articles	
Complaints Procedure	
Equal Opportunities/Access Policy	

Please also submit a letter on your organisation's headed paper (signed by the same person who completes the ANTP membership application form) to:

- confirm that your organisation has some/all of the following policies and procedures (as described in the ANTP membership rules); or
- explain how you are trying to develop any of the following policies and procedures that you do not already have

Case Recording Procedures	
Professional Indemnity Insurance	
Training for Advice-Giving Staff	
Updated and Appropriate Information Sources for Advice-Giving Staff	

Please return this form and your supporting documents to:

ANTP, 2-6 Hall Lane, Shipley, Bradford BD18 2NW

Tel: 01274 587743