

Expressing interest in joining Women's Aid as a Member Service



Please complete this form to express interest in applying for full membership of Women's Aid Federation of England (Women's Aid). Women's Aid full membership is open to charities and not-for-profit organisations providing direct services for women and child survivors of domestic abuse in England, who:

Agree with and sign up to support Women's Aid's mission, values, and terms of reference:

www.womensaid.org.uk/wp-content/uploads/2022/09/Statement-of-Support-and-ToR-Sept-2022-Webpage-2.pdf

Agrees to abide by the Women's Aid Complaints Policy

www.womensaid.org.uk/wp-content/uploads/2022/09/Womens-Aid-Membership-Complaints-Policy-Website-version-2022-1.pdf

Are suitable to undertake the Women's Aid National Quality Standards:

www.womensaid.org.uk/what-we-do/national-quality-standards/

GDPR

Women's Aid Federation of England will only collect, process and store information about you that you have willingly provided. We aim to be open about collecting this information and clear about what we will use it for.

Where possible we keep our records up to date and use public records to do this in some cases. We are more easily able to do this if you let us know when your details change.

We will hold your personal information on our systems for as long as is necessary for the relevant activity.

You have a right to ask for a copy of the information we hold about you. If there are any discrepancies in the information we provide, please let us know and we will correct them.

You also have a right for us to correct, delete, or restrict your personal data. You may ask us to send your information to someone else, or to give you information in a way that makes it easy for you to pass on.

For full information regarding Women's Aid's data protection and information sharing, please see our Privacy Statement: www.womensaid.org.uk/privacy-cookie-notice/

1

I have read Women's Aid's Privacy Statement and consent to Women's Aid holding my organisation's personal information *

☐ Yes

Organisation Details

2

What is the name of your organisation? *

3

If your organisation is legally part of a larger organisation, please provide the name of this organisation

4

Does your organisation solely provide direct services for women and children/young people who are survivors of domestic violence? *

- ☐ Yes
- ☐ No
- ☐ Other

5

If you provide other services, please list them below

6

What type of organisation are you? E.g. registered charity, CIC, housing association *

7

Please give your charity registration number. If you are a Company Limited by Guarantee, please provide your Companies House registration number *

8

Please provide your organisation's web address *

9

Does your organisation have a minimum of 12 months audited accounts? *

☐ Yes

☐ No

10

If you answered 'no' to Q9, please provide details below *

11

We require members to have 'by and for' leadership - by women for women. This includes the following positions to be held by a woman: CEO, Chair of the Board, and a Trustee Board - where the majority of Trustees are women.

Does your organisation have a woman CEO?

*

☐ Yes

☐ No

☐ Other

12

Is the Chair of your Board of Trustees a woman? *

- ☐ Yes
- ☐ No
- ☐ Other

13

What percentage of your Board of Trustees is comprised by women? *

14

Are your direct services to women provided only by women? *

- ☐ Yes
- ☐ No
- ☐ Other

15

Do any of your Trustees hold any other governance positions within other organisations? *

- ☐ Yes
- ☐ No
- ☐ Other

16

If 'Yes', please provide the name(s) of the other organisations below

17

Are your services currently listed on Routes to Support (formerly UKROL)? routestosupport.org/ *

- ☐ Yes
- ☐ No
- ☐ Pending

18

If you are not currently listed on Routes to Support, are you interested in being listed? *

☐ Yes

☐ No

☐ Not Applicable

☐ Other

Contact Details

Organisations are required to nominate one woman as their named representative, to act as the main contact for processing your application for membership of Women's Aid.

19

Name *

20

Job role *

21

Email address *

22

Phone number *

23

What local authority does your organisation operate in? *

24

Why would you like join Women's Aid Federation of England as a full member? *

Membership fees and payment details

Women's Aid will use this information to determine the membership band for your organisation, and to determine your annual membership fee.

25

Please self-declare the appropriate membership band based on your annual income up to 31st March 2022 using the table below: *

Band	Fee
Band A Annual income up to £100,000	£83
Band B Annual income between £100,000 and £400,000	£220
Band C Annual income between £400,000 and £800,000	£440
Band D Annual income between £800,000 and £1.2 million	£660
Band E Annual income between £1.2 million and £2.2 million	£880
Band F Annual income above £2.2 million	£1100

- ☐ Band A
- ☐ Band B
- ☐ Band C
- ☐ Band D
- ☐ Band E
- ☐ Band F

26

Please confirm your organisation's annual income at the end of the previous financial year (£) *

27

Do you expect the figure in Q26 to sufficiently change to impact your current fee bracket? *

- ☐ Yes
- ☐ No
- ☐ Unsure

28

Please provide details for the Finance contact for your organisation *

29

Direct finance email *

30

Finance contact number *

31

Do you operate a Purchase Order system? *

☐ Yes☐ No

32

If yes, we will provide you with a supplier set up document, and a PO retrieval and invoice submission. Please confirm you will be able to submit the relevant information via Dropbox - a secure, cloud based file storage system.

☐ Yes

Supporting documentation

In order to assess your application, we require a number of supporting documents to be submitted.

Please confirm that you have/will shortly submit the following information to membership@womensaid.org.uk.

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Please confirm that you can submit all appropriate documentation as follows: *

- ☐ Your Constitution / Memorandum and Articles of Association
- ☐ Your Equality and Diversity Policies
- ☐ Your latest Annual Report and Accounts
- ☐ Your Mission Statement/Aims and Principles/or equivalent
- ☐ Publicity information about the services you provide
- ☐ Strategic Plan/Business Plan
- ☐ Safeguarding Policies
- ☐ Reference from statutory agency or current member of Women's Aid

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Please confirm that you have read the Statement of Support and Terms of Reference, and will be able to sign a copy. *

☐ Yes

35

Please confirm that you have read and the Women's Aid Complaints Policy, and will be able to sign a copy. *

☐ Yes

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