

West London BMER Advice Network - Membership Form

1. Organisational Details

Name of Organisation		
Address		
Post code		
Borough based in		
Legal status (Charity Number if Charity, Company Ltd by Guarantee Number if Company)	Charity No	Co Ltd No
Advice Quality Standard (formerly CLS Quality Mark)- (if yes please attach copy or scan your certificate)	Yes	No
Other quality standards (please specify)		
Email, telephone, website		
Contact person		
Contact person's details (email and phone)		
Contact person's position		
Number of paid staff: Full time, Part – Time	Full-Time	Part-Time
No of paid advisers		
Number of Volunteers		
Number of Trustees: <ul style="list-style-type: none"> • BMER • Non-BMER • Total • % BMER 		

2. Services Provided (Please Tick)

Information and Advice		Capacity Building/ Community Development (2nd tier)	
Training and Education		Health and Well-being Activities	
Employment and Brokerage		Campaigning	
Sports and Leisure Activities		Other (tribunal representation)	
Counselling and Therapeutic Support			

3. Information and Advice Subject Areas Provided (Please Tick)

Consumer/General Contact		Housing	
Debt		Immigration/Nationality (Please specify which OISC level)	
Employment		Welfare Benefits	
Health and Community Care		Family/Domestic Violence	
Racial Discrimination and Racial Harassment		Other	

4. Target Client Group (Please Tick)

Asylum Seekers Migrants and Refugees		Women	
Disabled people		Young people/Students	
Older People		Other	
Carers			

5. What in-house languages do you provide advice in?

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6. Geographical Coverage (please tick)

Home borough only		Pan-London	
UK wide England wide		Other	

Multiple Boroughs (2 or more) Please list:	
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7. Health Check (please tick if you have the following)

Business and/or Strategic Plan	<input type="checkbox"/>	Child Protection Policy	<input type="checkbox"/>
Equalities/diversity policy	<input type="checkbox"/>	Confidentiality Policy	<input type="checkbox"/>
Health and Safety Policy	<input type="checkbox"/>	Training and Development	<input type="checkbox"/>
Vulnerable Adult Policy	<input type="checkbox"/>	Performance Review (staff appraisal)	<input type="checkbox"/>
Complaints policy	<input type="checkbox"/>	Professional Indemnity Insurance	<input type="checkbox"/>
Public liability/Employer's liability insurance	<input type="checkbox"/>	Volunteer policy	<input type="checkbox"/>
Data protection policy	<input type="checkbox"/>		

8. Financial Information

Your Main Current Funder (s)	Until When
Others (specify)	

8b. Your Annual Income (Please Tick)

Up to £50,000	<input type="checkbox"/>	£201,000 - £300,000	<input type="checkbox"/>
£51,000 - £100,000	<input type="checkbox"/>	£301,000 - £400,000	<input type="checkbox"/>
£101,000 - £200,000	<input type="checkbox"/>	£401,000 - £500,000	<input type="checkbox"/>
Over £501,000	<input type="checkbox"/>		<input type="checkbox"/>

9. Number of service users accessing your services per year

(Please Tick)

Up to 200		601 – 700	
201 – 300		701 – 800	
301 – 400		801 - 900	
401 – 500		901 - 1000	
501 – 600		Over 1000	

10. Clients' Ethnicity Breakdown (Please Tick)

Asian – Bangladeshi		Chinese	
Asian – British		Latin American	
Asian – Indian		Middle Eastern	
Asian – Pakistani		White – British	
Asian – Other		White – Irish	
Black – African		White – European	
Black – British		White – Other	
Black – Caribbean		Mixed Ethnicity	
Black – Other		Other	

We agree to abide by the Terms of Reference for membership of the West London BMER Advice Network.

Name:

Date:

Signature:

Position: