



## Membership Registration Form

Organisation	
Contact Person	
Address This address will be added to the CEN Database	
Telephone No.	
Fax No.	
Email Address	

Please give a brief description of what your group does and/or aims to do.

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Please identify the type of your group:

- Community Group
- Voluntary Organisation
- Faith Group
- Social Enterprise
- Black Minority Ethnic group
- Community Partnership
- Self Help Group
- Other \_\_\_\_\_

Please identify and enclose a copy of the group's governing document:

- Constitution
- Memorandum and Articles of Association
- Trust Deed
- Set of Rules
- Terms of Reference

For office use only : Date Joined \_\_\_\_\_

Do you specifically target your activities to any of the following communities:

\*Please tick all that apply

- Black and Minority Ethnic People
- Children and Young People (0 – 19 Years)
- Substance Users
- Ex Offenders
- Gay Men, Lesbians, Bisexual, Transgender or Transsexual People
- Gypsies and Travellers
- Homeless People/ Rough Sleepers
- Lone Parents
- New Communities (Refugees, Asylum Seekers, Economic Migrants)
- People with Basic Skills Needs
- People with mental ill health
- People with physical disabilities, learning disabilities and/ or long term conditions
- Unemployed People
- Women
- Older People
- Other \_\_\_\_\_

CEN undertakes work around thematic, geographic and communities of interest. To enable your group to participate in this work please provide the following information.

What theme does your group provide services/ activities in? (Please refer to the Shared Priorities Sheet enclosed for further information about themes)

\*Please tick all that apply

- Healthier Communities & Vulnerable People
- Work, Skills & Enterprise
- Children & Young People 0-19 years
- Safer
- Stronger & Sustainable (includes transport, environment, housing, culture etc.)
- Cross Cutting (e.g. Equalities)

Do you consider any of the services that you provide to be statutory?  Yes  No

Which geographical area does your group operate in?

\*Please tick only those which apply

- North including: Adwick, Askern, Bentley, Brodsworth, Campsall, Carcroft, Clayton, Cusworth, Hickleton, Highfields, Scawsby, Scawthorpe, Skellow & Woodlands.
- South including: Auckley, Bawtry, Bessecarr, Blaxton, Branton, Cantley, Rossington, Tickhill & Wadworth.
- East including: Armthorpe, Dunsicroft, Dunsville, Fishlake, Hatfield, Kirk Sandall, Moorends, Stainforth & Thorne.
- West including: Bolton-Upon-Deerne, Conisbrough, Denaby, Denaby Main, Edlington, Harlington, Mexborough & Sprotbrough.
- Urban Centre including: Balby, Bennetthorpe, Edenthorpe, Hexthorpe, Hyde Park, Intake & Wheatley
- Town Centre
- Borough Wide
- South Yorkshire Wide

Is your organisation a member of Doncaster CVS  Yes  No

Would you like to receive information about membership of DCVS  Yes  No

Is your organisation involved in any Voluntary Community Sector Networks. (eg CSEP, CHAF, VCS Forum 0-19)

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The information that you provide CVS/Community Empowerment Network will be held on a database, website, added to our e-mail networks and could be given to other organisations/agencies upon request. Your organisation's details and information will be automatically included in any request unless you indicate otherwise.

Please DO NOT give the organisation's details to any other organisations/agencies.

On behalf of the above organisation I request to become a member of the Community Empowerment Network and understand that DCVS is registered under the Data Protection Act 1984 and reserves the right to omit or edit any entry.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please complete and return to: Samantha O'Neill, FREEPOST RLSZ-TBYS-EHEG, Doncaster CVS, 5-6 Trafford Court, Doncaster DN1 2PN

If you have any questions about any aspect of this form please contact the CEN team on 01302 343300.