



**Application for**  
**affiliation to**  
**Clubs for Young**  
**People**  
**Northamptonshire**

- Please complete all sections as fully as possible and write clearly in block capitals
- Please ensure you run through the checklist at the end of the form and attach ALL relevant paperwork
- Return your completed form to:

*CYPN, 8<sup>th</sup> Earl Spencer Centre, Bedford Road, Northampton, NN4 7AA*

**Club Details**

**Name of Club:**

**Club Address:**

**Postcode:**

**Club Number:**

**Telephone No:**

**Email:**

**Charity Number (if applicable):**

**Are the Club premises:**

- Owned
- Rented
- Hired

**Does the Club have a constitution or other governing document?**

YES / NO

**If YES – please attach your governing document**

**Staff & Volunteer Numbers**

Full Time Paid Male	Full Time Paid Female	Part Time Paid Male	Part time Paid Female	Volunteers Male	Volunteers Female	Management Committee Male	Management Committee Female

**Club Contact Details:**

<p><b>CHAIRPERSON</b></p> <p>Name</p> <p>Address</p> <p>Telephone No.</p> <p>Email</p>	<p><b>CLUB LEADER / YOUTH WORKER</b></p> <p>Name</p> <p>Address</p> <p>Telephone No.</p> <p>Email</p>
<p><b>SECRETARY</b></p> <p>Name</p> <p>Address</p> <p>Telephone No.</p> <p>Email</p>	<p><b>TREASURER</b></p> <p>Name</p> <p>Address</p> <p>Telephone No.</p> <p>Email</p>

**Unless otherwise indicated (with a \*) ALL correspondence will be sent to the SECRETARY**

**Club Categories:**

Please indicate which of the following best describes the Club:

- Open mixed generic youth club
- Boxing Club
- Other sports specific club (please specify) .....
- Local Authority Provision
- Specific project based provision
- Other (please specify).....

Please provide a list of the Clubs main activities:

--

**Club Opening Hours**

<b>Day</b>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Time</b>							

Do you provide opportunities for members to be involved in the running of the Club? YES / NO

If YES – please indicate how:

--

Is the Club linked or affiliated to any other youth organisation? YES / NO

If YES – please specify:

--

**Insurance**

- Does the Club have public and employee liability insurance? YES / NO
- Are the Clubs Staff and Members insured against personal accident? YES / NO
- Does the Club have Trustee Liability Insurance? YES / NO

Please indicate name of insurer.....

**Please attach a copy of your insurance policy**

**Membership Figures**

*Please provide as much information as possible:*

←————— AGE —————→

<b>Male</b>	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Asian or Asian British																	
Black or Black British																	
Chinese																	
White																	
Dual Heritage																	
Other / Not Known																	
<b>Totals</b>																	

←————— AGE —————→

<b>Female</b>	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Asian or Asian British																	
Black or Black British																	
Chinese																	
White																	
Dual Heritage																	
Other / Not Known																	
<b>Totals</b>																	

**Club Declaration**

I confirm that the above information is correct to the best of my knowledge:

**Signed** .....

**Name** ..... **Date** .....

*(Please print clearly)*

**Appointment Held in Club**.....

## Checklist

Use this checklist to make sure you are sending us a complete affiliation form.

- I have answered all the questions
- I have signed the form
- I have enclosed a cheque for £50 made payable to CYPN (£100 for Statutory Organisations)
- I have attached all the relevant documents
  - Copy of your Constitution
  - Copy of your most recent approved annual accounts
  - Copy of your insurance policy

### **FOR OFFICIAL USE ONLY**

#### **Constituent Organisation**

I confirm that this Club meets the Conditions of Affiliation of Ambition and CYPNs Executive Committee recommends the granting of membership.

**Signature of Authorised Officer** .....

**Name** ..... **Date** .....

**Constituent Organisation** .....

All documentation attached? YES / NO

Affiliation fee enclosed? YES / NO

Any further action required? YES / NO

**Detail:**

### **Clubs for Young People Northamptonshire**

8<sup>th</sup> Earl Spencer Centre  
Bedford Road  
Northampton  
NN4 7AA  
TEL: 01604 624611

Email: office@cypn.org

