

# Affiliate Membership Registration Form



Details of Organisation/Individual	
Name	
Address	Postcode:
Telephone Number	
Website (if applicable)	
Primary Business	
Legal Status	
Sector	<input type="checkbox"/> FE / HE <input type="checkbox"/> Voluntary and Community <input type="checkbox"/> Private <input type="checkbox"/> Social Enterprise <input type="checkbox"/> Statutory <input type="checkbox"/> Other .....
Size of Organisation	Paid Employees .....                      Volunteers .....
Details of Main Contact	
Name	
Job Title	
E-mail address	
Which of the following services do you provide? (tick all that apply)	
<input type="checkbox"/> Accredited learning <input type="checkbox"/> Non-accredited learning <input type="checkbox"/> Employability skills <input type="checkbox"/> Skills Coaching <input type="checkbox"/> Information, Advice and Guidance <input type="checkbox"/> Training Venues <input type="checkbox"/> Induction / Staff Development <input type="checkbox"/> Train to Gain <input type="checkbox"/> ESOL <input type="checkbox"/> Other .....	<input type="checkbox"/> Apprenticeships <input type="checkbox"/> Basic Skills ICT <input type="checkbox"/> Basic Skills Maths <input type="checkbox"/> Basic Skills English <input type="checkbox"/> E-learning <input type="checkbox"/> Full NVQs <input type="checkbox"/> Consultancy <input type="checkbox"/> Brokerage <input type="checkbox"/> Infrastructure Organisation

Which of the following client groups do you work with? (tick all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> BME                                | <input type="checkbox"/> Mental Health                  |
| <input type="checkbox"/> Carers                             | <input type="checkbox"/> NEET                           |
| <input type="checkbox"/> Homelessness                       | <input type="checkbox"/> Offenders/ex-offenders         |
| <input type="checkbox"/> Learning Disabilities/difficulties | <input type="checkbox"/> Physical or Sensory Impairment |
| <input type="checkbox"/> Lone Parent                        | <input type="checkbox"/> Rurality                       |
| <input type="checkbox"/> Low Income Families                | <input type="checkbox"/> Unemployed                     |
| <input type="checkbox"/> Low or outdated skills             | <input type="checkbox"/> Urban Deprivation              |
| <input type="checkbox"/> Other .....                        |   |

In which locality do you operate? (tick all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Craven District              | <input type="checkbox"/> Ryedale District     |
| <input type="checkbox"/> Hambleton District           | <input type="checkbox"/> Scarborough District |
| <input type="checkbox"/> Harrogate District           | <input type="checkbox"/> Selby District       |
| <input type="checkbox"/> Richmondshire District       | <input type="checkbox"/> York District        |
| <input type="checkbox"/> Other (please specify) ..... |   |

Does your organisation have any of the following accreditations?

	We have this quality mark	We are working towards this
Matrix	<input type="checkbox"/>	<input type="checkbox"/>
Investors in People	<input type="checkbox"/>	<input type="checkbox"/>
Investing in Volunteers	<input type="checkbox"/>	<input type="checkbox"/>
CLS	<input type="checkbox"/>	<input type="checkbox"/>
Customer First	<input type="checkbox"/>	<input type="checkbox"/>
The New Standard	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) .....	<input type="checkbox"/>	<input type="checkbox"/>

I am applying for Affiliate Membership of North Yorkshire Learning Consortium as

- an individual \*

- on behalf of my organisation/group \*

\* please delete as appropriate

Name (please print) .....

Signed .....

Date .....

**North Yorkshire Learning Consortium Limited (NYLC) will not use your contact details to send any unsolicited marketing material nor pass your details on to any third party for any purpose other than Consortium activity.**