



consortium

of lesbian, gay, bisexual & transgendered
voluntary and community organisations

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Full Membership Form

Large print version available

Thank You for your interest in becoming a full member of the Consortium of LGBT Voluntary and Community Organisations. In order to become a full member of the Consortium please complete this application form. All Members are asked to complete this form (or variations thereof) on an annual basis as a requirement for membership. The information in this form ensures that our records of membership are accurate and up-to-date.

We ask you to enclose any formal documents your organisation may have along with your application form. This could include (if you have them) a copy of your constitution or governing document, publicity about your organisation or a service leaflet about what you provide.

The information asked for in this form will not be used for any purposes other than to give an overall baseline of LGBT voluntary and community sector – its size, access to support, the services provided (and/or available); and the type of financial support given to the sector as a whole. We need this information to ensure that we can contact you with relevant news, resources or invitations to events. We also need to be able to present such information to policy makers at the local, regional and national level to support the funding needs for all LGBT voluntary and community groups throughout the UK. We would ask that a senior person in your group or organisation complete this form. This may be your Chair or Director; or it could be someone that has a good overall knowledge of your group, project or organisation and has the time to complete your membership details.

If you have any questions or queries about the application form, membership entitlements or the kind of membership you are eligible for please do not hesitate to contact the membership services team at The Consortium. More information on membership can also be found on The Consortium's website.

A. Who are you?

Name of Organisation/Group/Project:

Abbreviation or acronym (if used)

If part of a larger organisation, please specify which

Contact name for correspondence		Telephone	
Contact Address		Fax	
		Email	
		Website	
Borough /County		Charity number (if applicable)	
Name of Chair (if applicable)		Company number (if applicable)	
Name of Director/ Chief Executive (if applicable)		Opening hours (if applicable)	
When did your project, group or organisation start?			

What government region are you based in? (Please tick).

London	<input type="checkbox"/>	East of England	<input type="checkbox"/>	West Midlands	<input type="checkbox"/>
East Midlands	<input type="checkbox"/>	South East	<input type="checkbox"/>	South West	<input type="checkbox"/>
North East	<input type="checkbox"/>	North West	<input type="checkbox"/>	Yorkshire & Humberside	<input type="checkbox"/>
Wales	<input type="checkbox"/>	Northern Ireland	<input type="checkbox"/>	Scotland	<input type="checkbox"/>

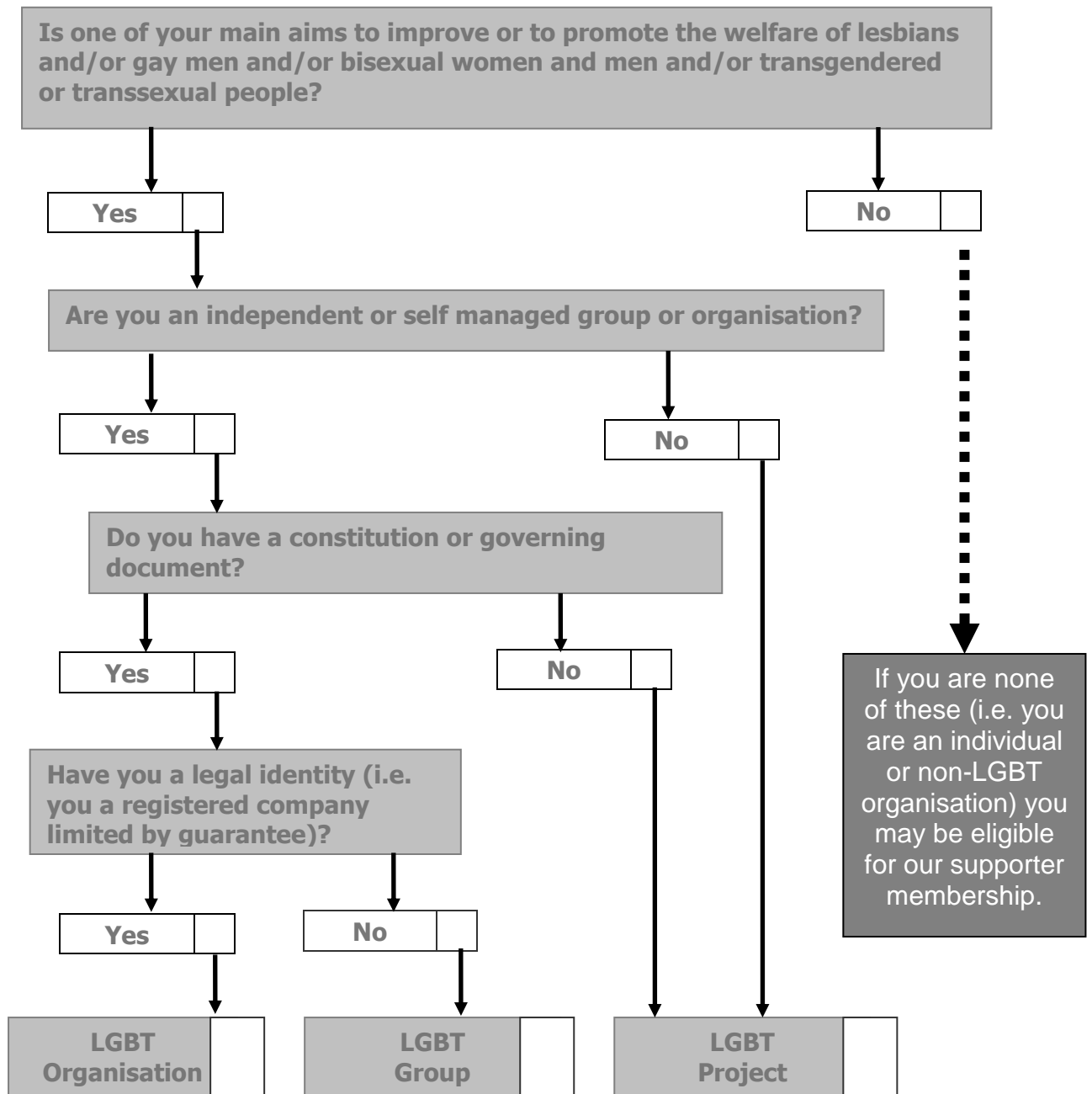
Are you applying to become:

**A new Member of
The Consortium**

**Updating details and
renewing membership**

B. What are you?

1. Follow the flow chart, ticking the relevant boxes where appropriate.



2. What are your project aims, mission statement, charitable objectives, memorandums or Articles of Association? (50 words)

3. What is the annual income of your organisation?

£0 £1 - £5,000 £5,001 - £10,000 £10,001 - £25,000 £25,001 - £50,000
£50,001 - £75,000 £75,001 - £100,000 £100,001 - £250,000 £250,001 - £500,000 £500,001 +

4. How or from whom do you get funding to support you?

Membership subs Trust funds/ grants Donations Enterprise activity Statutory

Other Please Specify: _____

5. Please estimate the number of paid staff and/or volunteers that you have?

Full time paid Part time paid Volunteers Management committee

6. Please state an estimated annual number of individuals or organisations who use your services

Individuals Groups/ Organisations

C. What do you do?

1. Do you provide support for one or a combination of the following: (please tick)

Lesbian Gay Bisexual Transgendered/ Transsexual

2. Do you deliver Direct Services?

e.g. Advice service, Helpline, Face-to-face support, Self-help/support group(s) (please tick)

i.)

Yes No Unsure

ii.) If yes, please describe (50 words)

3. Do you deliver Indirect Services?

e.g. Campaigning, Research, Lobbying, Policy, Network/Umbrella body (please tick)

i.)

Yes

No

Unsure

ii.) If yes, please describe (50 words)

4. Is your remit to specifically target any of these equality groups? Tick all that apply

Black/minority ethnic communities

Gender

Disabled people

Older people

Young people

Refugees/ asylum seekers

Faith

5. Which of the above is your primary group? Please write here

**6. Which one of the following best describes the area your organisation serves or covers?
Please tick**

Local Area

Regional

National

UK wide

International

D. How are you supported?

1. As a project, group or organisation, what support do you feel you would like to have?

2. Where are you currently getting your support from?

**3. Do you feel that you specifically need support in any of the following?
i.) Please tick**

ICT	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unsure	<input type="checkbox"/>
Governance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unsure	<input type="checkbox"/>
Workforce Skills	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unsure	<input type="checkbox"/>

Volunteering	Yes		No		Unsure	
Quality Assurance	Yes		No		Unsure	
Funding and Finance	Yes		No		Unsure	

ii.) Please add any comments here

**4. Are you networked or linked into any networks or forums?
Eg. Your Local CVS, Local Strategic Partnerships, Statutory Partnerships, Equality groups, Special Interest Networks them being with LGBT or non LGBT Organisations. Please list.**

5. Would you like to be part of any other networks? Please list

**6. What prevents you from being networked?
i.) Please tick**

Skills and Abilities	Yes		No		Unsure	
Knowledge and Information	Yes		No		Unsure	
Human Resources	Yes		No		Unsure	
Physical Resources	Yes		No		Unsure	

ii.) Please add any comments here:

7. What sort or type of information do you currently access to help you with your work?
Please list

8. What sort or type of information do you feel would benefit you?

9. What prevents you from accessing information that would be of benefit to you?
i.) Please tick

Skills and Abilities	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unsure	<input type="checkbox"/>
Knowledge and Information	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unsure	<input type="checkbox"/>
Human Resources	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unsure	<input type="checkbox"/>
Physical Resources	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unsure	<input type="checkbox"/>

ii.) Please add any comments here:

10. Have you carried out any of your own research that you feel maybe of benefit to other LGBT Consortium Members that you wish to share? Please describe:

**11. Are you a member of any other 2nd tier organisations apart from the Consortium?
Please list**

12. Do you feel that the issues your organisation faces are heard by any of the organisations or governing bodies that seek to represent you? Please explain

13. How would you like LGBT issues to be voiced or included at a local, regional and national level?

14. What prevents you from being able to engage with governing bodies regarding issues that may affect you? Please tick

Skills and Abilities	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unsure	<input type="checkbox"/>
Knowledge and Information	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unsure	<input type="checkbox"/>
Human Resources	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unsure	<input type="checkbox"/>

Physical Resources	Yes	No	Unsure
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Please add any comments here:

C. Confirmation of application

Membership Agreement Statement:

My organisation supports the mission and aims of the LGBT Consortium and wishes to apply for membership. The information provided in this form is correct to the best of my knowledge.

Signed:	Name:
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Position in Organisation:	Date:
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Who should we contact if we have any questions about this application?

Have you enclosed the following: (please tick)

Copy of your constitution or governing document?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	A leaflet or publicity about your organisation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Data Protection:

The Consortium produces regular updates of its **Directory of Lesbian, Gay, Bisexual and Trans Organisations**. Would you like the details given above to be included in updates and the next edition?

Would like us to include your organisation's details on our website? (please tick)

Yes

No

The Consortium produces regular updates of its Directory of Lesbian, Gay, Bisexual and Trans Organisations. Would you like the details given above to be included in updates and the next edition? (please tick)

Yes

No

Please return by:

E-mail: membership@lgbtconsortium.org.uk

Any queries:

E-mail: membership@lgbtconsortium.org.uk

Or by post:

**Consortium
J111, Tower Bridge Business Complex
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Appendix

Statement of Intent:

The Consortium recognises that lesbians, gay men and bisexual women and men are discriminated against as a result of their race, gender, sexuality, age, physical or learning abilities, mental health status, immigration status, class, religion and cultural or ethnic origins.

We recognise that discrimination can be direct (e.g. offensive language, actual or threatened violence, policies or practices which explicitly disadvantage one group with respect to another, use of offensive imagery such as posters, badges etc) or indirect (e.g. policies or practices which in effect, if not intent, disadvantage one group with respect to another) and can occur at personal, organisational and institutional levels.

The Consortium strongly believes that such discrimination is wrong and is wholly committed to ensuring that its policies and practices provide equal opportunities for all in its roles as a service provider and an employer, and aims to act as a model of good practice.