



**ROTA Membership Application Form**

**Contact Details**

<b>Name :</b> (for Individual membership):	
<b>Organisation :</b> (for Voluntary, Statutory and Private Organisations)	
<b>Contact name :</b> (for Voluntary, Statutory and Private Organisations)	
<b>Address:</b>	
<b>Tel:</b>	
<b>Fax:</b>	
<b>Email:</b>	
<b>Website:</b>	

**Organisation Details**

<b>Is your organisation a:</b>	
<input type="checkbox"/> Charity <input type="checkbox"/> Statutory Sector Body <input type="checkbox"/> Private Organisation <input type="checkbox"/> Other	
<b>Organisations/Individuals main activity:</b>	
<b>Does your organisation have an Equal Opportunities Policy?</b>	<b>Yes/No</b>
<b>What area does your organisation serve:</b>	
<input type="checkbox"/> Borough <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> Other	
<b>Which borough is your organisation based in?</b>	
<b>Which of the following client groups are supported by your organisation?</b>	
<input type="checkbox"/> Disability <input type="checkbox"/> Gender <input type="checkbox"/> Homeless <input type="checkbox"/> Refugees	

<input type="checkbox"/> Faith	<input type="checkbox"/> Generic	<input type="checkbox"/> LBGT	<input type="checkbox"/> All	
<b>What are your organisations areas of interest?</b>				
<input type="checkbox"/> Advice	<input type="checkbox"/> Capacity Building	<input type="checkbox"/> Gender	<input type="checkbox"/> Infrastructure	<input type="checkbox"/> Refugees
<input type="checkbox"/> Age	<input type="checkbox"/> Disability	<input type="checkbox"/> Generic/All	<input type="checkbox"/> LBGT	<input type="checkbox"/> Regeneration and Renewal
<input type="checkbox"/> BME Communities	<input type="checkbox"/> Education	<input type="checkbox"/> Governance	<input type="checkbox"/> Other	<input type="checkbox"/> Training
<input type="checkbox"/> Crime and Policing	<input type="checkbox"/> Faith	<input type="checkbox"/> Health and Social Care	<input type="checkbox"/> Policy	<input type="checkbox"/> All
<b>Which of the following BME groups does your organisation work with?</b>				
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Jewish	<input type="checkbox"/> Other African	<input type="checkbox"/> White Irish
<input type="checkbox"/> Black African	<input type="checkbox"/> Chinese	<input type="checkbox"/> Mixed Parentage	<input type="checkbox"/> Pakistani	<input type="checkbox"/> All
<input type="checkbox"/> Black British	<input type="checkbox"/> Indian	<input type="checkbox"/> Other	<input type="checkbox"/> White British	
<b>Does your organisation work with clients of a particular age group?</b>				
<input type="checkbox"/> 16-24	<input type="checkbox"/> 25-50	<input type="checkbox"/> Over 50	<input type="checkbox"/> Youth (up to 16)	<input type="checkbox"/> All
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Is your organisation interested in any particular area of policy? (Please tick):</b>				
<input type="checkbox"/> Education and Social Inclusion	<input type="checkbox"/> Human Rights	<input type="checkbox"/> Immigration and asylum	<input type="checkbox"/> Regional Governance	
<input type="checkbox"/> Equalities	<input type="checkbox"/> Crime and anti-social behaviour	<input type="checkbox"/> Health and Social Services	<input type="checkbox"/> Other	

We are often asked to refer people/organisations on to organisations that may be able to help them. If you would prefer that we did not do this, please tick.

ROTA respects the privacy of the individuals and recognises that organisations often need to keep information confidential. Please ensure that you have indicated if there are any contact details that you wish to remain confidential.