



Freedom from debt
Hope for the future



Application for Affiliation

About the community money advice application form

This application form is in the following sections:

- 1 General information about you
- 2 Services you offer
- 3 Access to services offered
- 4 Staffing
- 5 Affiliation criteria and support documentation
- 6 Community profile
- 7 Conditions and fees
- 8 Declaration

Please fill in as much of this application form as possible. Not all areas of the application form will be relevant to you or your centre, especially if you are a newly established debt advice centre. It is advisable that this form is filled in by the debt centre manager or a member of the staff. *If you need help or advice with filling in this application form, or you have any questions about Community Money Advice (CMA), please contact us on 01743 341929 (office hours).*

CMA will use the information (which will be stored on a database) to help make services available. e.g. training opportunities, developing training in specialist areas of advice work and for signposting clients to local centres.

CMA will not disclose sensitive information to others but will give out lists of CMA affiliates for public information purposes or where we feel your centre may benefit such as local networking and areas of common interest.



Community Money Advice

c/o Illuminate, 18 Wyle Cop, Shrewsbury, Shropshire SY1 1XB

Tel: 01743 341929

Email: info@communitymoneyadvice.com

www.communitymoneyadvice.com

Charity No: 1111436. Community Money Advice is a company limited by guarantee.

Regd in England No: 5123444. **Regd Office:** Barnabas Centre, Shrewsbury SY3 7DN.

Directors: A Padfield, H Keates, T Jackson, J Mander, S Vinson.

CMA is a charity registered in Scotland No: SC 040728

1 General information about you

Name of centre

Address
 Post code

Tel (public) Tel (private)

Fax no Any other tel nos (please specify 'advice line', 'information line' etc)

Email

CMA will contact by email to send out information quickly. Please list all relevant staff email addresses for staff in the advice centre who wish to receive up to date information. Please contact us to add to or remove email addresses from your list.

Your website address (if you have one)

Advice centre contact name

Name of the overseeing leader or community group manager

Please give a short description of the services your advice centre offers (or will offer) and to whom these services are (will be) offered

2 Services you offer

Does the advice centre operate any of the following?

an open door (drop in) service a diagnostic reception desk

an appointment system a telephone advice line

Please give details of all opening times

mon tue wed thur

fri sat sun

Which group(s) does your advice centre work with?

generalist (open to all groups)

specialist – please specify (i.e. unemployed, families, students, asylum seekers etc)

3 Access to services offered

Which of the following access aids does your advice centre offer?

induction loop sign language interpreter wheelchair access text telephone

minicom documents on tape documents in Braille other (please specify)

Does the advice centre have access to speakers or interpreters of other languages? yes no

If yes, please specify

4 Staffing

	manager/coordinator	generalist advisers	specialist advisers	admin/clerical
Number of staff (paid)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of staff (volunteers)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hours per week (paid staff)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hours per week (volunteers)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5 Affiliation criteria and support documentation

Prior to opening our centre we will ensure the following:

All FCA requirements including Policies & Procedures are in place* FCA Authorisation

Our centre is working towards a variety of policies & procedures and will submit a copy to CMA of the following prior to opening:

equal opportunities policy constitution or articles of association
 confidentiality policy complaints procedure & leaflet compliant with FOS requirements
 conflicts of interest policy business plan

Our advice centre is non-profit making and offers free advice Yes No

Our centre has/will have full professional indemnity insurance to cover any advice given (please tick as appropriate)

we have professional indemnity insurance (please attach a copy of your certificate of insurance)

we intend to apply for professional indemnity insurance prior to opening for advice

We are a (please tick one of the following)

church based organisation community based organisation statutory body (i.e. local council etc)

6 Briefly outline the profile of the community your centre will be working in

7 Conditions of Affiliation and Fees

- 1 Affiliates must fulfil all the CMA affiliation criteria as detailed in section 5 of this application form prior to giving any advice.
- 2 Affiliation cannot be shared. Where centres share the same management committee but operate as distinct units in different places with their own staff, each centre must join CMA separately.
- 3 This is a CMA affiliation application form which does not constitute application for any insurances. These must be applied for separately.
- 4 If you do have professional indemnity insurance, incorrect information given on this application form could invalidate any claim.
- 5 CMA affiliation must be maintained independently of professional indemnity insurance, premiums for which are payable each year.
- 6 CMA reserves the right to cancel your affiliation if actions taken by the advice centre bring the name of CMA into disrepute.

* See end of form for list of required FCA P&Ps Templates for all P&Ps can be found on the Centre Resources section of cma's website communitymoneyadvice.com

8 Declaration

- I have read and understood the conditions of CMA affiliation.
- I understand that this application for affiliation of CMA does not constitute an application for any CMA insurances, which must be applied for and maintained separately.

I have paid the affiliation fee of £500 through the Resources page of the CMA website or I have arranged a bank transfer (Account No.: 50932876, Sort Code: 20-53-22). I understand we will need to complete a Standing Order Mandate* for the subsequent years' affiliation fee of £1100, with the first payment by standing order to be made on the date of opening the centre to the public.

- I hereby apply for CMA affiliation on behalf of the following organisation:

Name of organisation	<input type="text"/>		
Name (please print)	<input type="text"/>	Signature	<input type="text"/>
Position in organisation	<input type="text"/>	Date	<input type="text"/>

Please return your form to:

Community Money Advice, c/o Illuminate, 18 Wyle Cop, Shrewsbury, Shropshire SY1 1XB. Telephone 01743 341929

* *Standing Order Mandate is attached separately for use prior to opening*

FCA and CMA required policies and procedures

- Corporate Risk Assessment
- Treating Customer Fairly Policy
- Compliance Monitoring Procedure and Tick List
- Financial Crime Prevention Policy
- Market Conduct policy
- The Debt Advice Process
- Training Undertaken by Advisers
- Vulnerable Adult P&P Flowchart & Form
- Client Contract
- Referral Form
- Code of Practice
- Complaint form
- CMA Centre Complaints Policy & Procedure (Disp compliant)
- Constitution
- Equal opportunities
- Confidentiality Policy
- Conflict of Interest Policy

Standing Order Mandate

Centre name:

Address:
 Post code:

Tel no:

To (Bank or Building Society):

Bank or Building Society address:

 Post code:

Please pay to **Community Money Advice:**

Account No: 50932876, Sort Code: 20-53-22, Barclays Bank, 3 King Street, Ludlow, Shropshire

the sum of (figures): £

(words): £

on the day of year

thereafter annually from my Account No: sort code until further notice.

Signed:

<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY	MONTH	YEAR

Signed:

<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY	MONTH	YEAR