



Freedom from debt
Hope for the future

Application for CMA Connect Affiliation

About the Community Money Advice Connect Centre affiliation 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 Community profile**
- **6 Conditions and fees**
- **7 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 CMA Connect centre. It is advisable that this form is filled in by the 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 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 Connect 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)

Connect centre contact name

Name of the overseeing leader or community group manager

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

2 Services you offer

Does the CMA Connect 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 Connect 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 Connect centre offer?

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> induction loop | <input type="checkbox"/> sign language interpreter | <input type="checkbox"/> wheelchair access | <input type="checkbox"/> text telephone |
| <input type="checkbox"/> minicom | <input type="checkbox"/> documents on tape | <input type="checkbox"/> documents in Braille | <input type="checkbox"/> other (please specify) |

Does the Connect 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"/>

We are a (please tick one of the following)

- | | | |
|--|---|--|
| <input type="checkbox"/> church based organisation | <input type="checkbox"/> community based organisation | <input type="checkbox"/> statutory body (i.e. local council etc) |
|--|---|--|

5 Outline the profile of the community your Connect centre will be working in

6 Conditions of CMA Connect Affiliation and Fees

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

Templates for all Connect centre P&Ps can be found on the Centre Resources section of CMA's website communitymoneyadvice.com

7 Declaration

- I have read and understood the conditions of CMA Connect Centre affiliation.
- I understand that this application for CMA Connect Centre affiliation does not constitute an application for any CMA insurances, which must be applied for and maintained separately.
- I have paid the Connect centre 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 £1345, 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 Connect 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*

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:

DAY MONTH YEAR

Signed:

DAY MONTH YEAR