

Application for Affiliation to Plymouth & Devon Racial Equality Council



PLYMOUTH & DEVON

racialequalitycouncil



Part 1

Name of organisation	Address for correspondence
Contact (for this application)	
Office telephone number	
Email address	

Date organisation formed	Contact details if different from above
Number of members/staff at present	

Part 2

Nameresolved at a meeting of its Council, Board of Trustees, Executive Committee, (delete as appropriate)

.....on (date)..... To apply for affiliation to Plymouth & District Racial Equality Council and authorise the undersigned to make an application on its behalf.

In so doing.....(org) affirms that:

- ◆ It subscribes to the objects of the PDREC as summarised in the Membership Information enclosed.
- ◆ It will co-operate in working strategically towards the achievement of those objectives and fulfilment of the PDREC agreed functions.
- ◆ It fully understands and accepts the responsibilities, which fall on member organisations.

Signedon behalf of.....(org)

Does your organisation publish an Annual Report **YES/NO**
If **'no'** please enclose a statement of your organisation's aims and objectives, including information about its policy and practices for promoting racial equality.

Does your organisation employ staff or provide services **YES/NO**
If **'Yes'** does it have a written Equal Opportunities Policy a Race Equality Policy and a Race Equality Scheme and Action Plan.

If 'Yes' to all, please enclose all documents with your application.

Checklist

Constitution or Statements of Aims & Objectives and/or latest Annual Report, Equal Opportunities Policy, Race Equality Policy & Procedures and latest report on progress in implanting Race Equality Policy.

For office use only

Date application received.....

Date Approved by Executive Committee.....