**APPLICATION FOR MEMBERSHIP**

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| **1** | **Name of Organisation** |  |
|  | * **In your own Language** |  |
|  | * **In English** |  |
|  |  |  |
| **2** | **Date of Establishment** |  |
|  |  |  |
| **3** | **Form of Governance/Statutory Regulations** |  |
|  |  |  |
| **4** | **Address** |  |
|  | **Website Address (if applicable)** |  |
|  |  |  |
| **5** | **Contact Person** |  |
|  | * **Name** |  |
|  | * **Job Title** |  |
|  | * **Telephone Number (with International Code)** |  |
|  | * **Fax Number (with International Code)** |  |
|  | * **EMail Address** |  |
|  |  |  |
|  | **Alternative Contact Person** |  |
|  | * **Name** |  |
|  | * **Job Title** |  |
|  | * **Telephone Number (with International Code)** |  |
|  | * **Fax Number (with International Code)** |  |
|  | * **EMail Address** |  |

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| **6** | **Information about your Organisation** | **Please include any brochures, pamphlets, other information about your organisation if available** | | | | | |
|  | **Please select the categories that suit you best, and add notes on a separate sheet if you wish** | | | | | | |
|  | **Type of Establishment** | **Mainstream** | **Special Deaf Establishment** | **Public Authority** | **Private/ NGO** | **Non-Residential** | **Residential**  **Facility** |
|  | * **Nursery school** |  |  |  |  |  |  |
|  | * **Primary school** |  |  |  |  |  |  |
|  | * **Secondary school (incl. Vocational / technical)** |  |  |  |  |  |  |
|  | * **Higher education institution** |  |  |  |  |  |  |
|  | * **Adult or continuing education provider** |  |  |  |  |  |  |
|  | * **Other Service Provider eg Care Home, Employment Service (regional/national)** |  |  |  |  |  |  |
|  | * **Other Service Provider eg Care Home, Employment Service (European/International)** |  |  |  |  |  |  |
|  | * **Association**   **Please give further information** |  |  |  |  |  |  |
|  | * **Other type of organisation**   **Please give further information** |  |  |  |  |  |  |

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| **7** | **Approximate Size of your Organisation** | **Ages** | | | | | |
| **a)** | **Number of Pupils/Students/Residents/Clients**  **if applicable** | **0 – 5 (6)** | **5 (6) - 10** | **11 - 16** | **17 - 19** | **20 - 25** | **25+** |
|  | * **Boys/Men** |  |  |  |  |  |  |
|  | * **Girls/Women** |  |  |  |  |  |  |
|  |  |  | | | | | |
| **b)** | **Number of Staff** | **Qualified to teach Deaf Pupils/Students** | | | **Not Qualified to teach Deaf Pupils/Students** | | |
|  | * **Teachers** |  | | |  | | |
|  | * **Teaching Assistants or equivalent** |  | | |  | | |
|  | * **Residential Staff** |  | | |  | | |
|  | * **Administrative Staff** |  | | |  | | |
|  | * **Management Staff** |  | | |  | | |
|  | * **Other Staff (eg Catering Staff, Gardeners, Drivers)** |  | | |  | | |

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| **8** | **Form of Communication** |  |  |
|  | **Which is the preferred and taught form of communication in your establishment** | | |
|  | * **Sign Language (if so, which form)** |  |  |
|  | * **Oral Methods** |  |  |
|  | * **Other (please specify)** |  |  |
|  |  | | |
| **9** | **Please add any additional information you may wish so that you can describe your organisation – its aims and purposes, its structure and organisation, its size, its methodologies, etc - to your own satisfaction** | | |

**We have read and we agree with the Memorandum of Understanding for HIPEN, together with its Appendices A, B and C, as approved by the Member Organisations at their Meeting on 8th January 2007.**

**We wish to apply for Membership of HIPEN in accordance with the Memorandum of Understanding.**

**Signed by (Name and Job Title)**

**On behalf of (Organisation)**

**Date**

**Please return this Form, together with any other Information, to**

|  |  |
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| **Jeign Craig**  **Coordinator**  **[jeigncraig34@icloud.com](mailto:jeigncraig34@icloud.com)** |  |