

Membership Form

2010/11

All new and renewing Advice NI members must complete this Membership Form. Please limit your answers to the options provided. All information provided is treated in the strictest confidence. Information provided will be used for the benefit of the whole advice sector rather than any individual organisation.



1. Contact Details - These are your organisation contact details taken from our current membership database, if these are incorrect or need amended please change accordingly:

Organisation Name:

Town/City:

Postcode:

Telephone:

Email:

2. Opening Hours - These are your organisation's opening hours taken from our current membership database, if these are incorrect or need amended please change accordingly. Please fill in the details of your organisation's outreach service(s):

Opening Hours

Mon:

Thu:

Sat:

Tue:

Fri:

Sun:

Wed:

Outreach (Venue and No. of Hours):

3. Membership Criteria (Full Membership) - The criteria below and the principle of non-discrimination are part of Advice NI's constitution. Centres wishing to apply for or renew Advice NI's membership MUST confirm that they fulfil the criteria by ticking the appropriate boxes.

| Criteria | Yes | No |
|---|-----|----|
| The Centre is striving to pursue a policy of Equal Opportunities | | |
| Advice is part of the Centre's work | | |
| The Centre operates a confidentiality policy (see details below) | | |
| The Centre operates a complaints procedure (see details below) | | |
| The Centre is independent of central or local government control. (This will exclude from membership any centres directly managed by a local authority but not those funded by them.) | | |
| The Centre has a means by which it is accountable to the community. (This is normally a management committee which meets regularly) | | |
| The Centre is non-profit making and advice is free. | | |

4. Case Recording - Please specify which system(s) your centre uses (E.g. AdvicePro CARMA, AIMS):

5. We wish to apply for Advice NI Professional Indemnity Assurance (Please complete all sections of this form) OR
 We have Professional Indemnity Insurance with another company (please provide a copy certificate of cover)

6. DATA PROTECTION - Is your Centre registered under the DATA Protection Act 1998:
 Yes No
 If yes, please provide a copy of your current certificate. Otherwise contact Advice NI.

7. It is a legal requirement under the Consumer Credit Act 1974 that any organisation or individual that provides debt advice to the general public must have a valid licence in debt counselling and debt adjusting issued by the Office of Fair trading (OFT). Does your centre have an Advice UK OFT Group Licence for "Debt Counselling and Debt Adjusting"?
 Yes No
 If yes, please provide a copy of your current licence. Otherwise contact Advice NI.

8. SUPPORTING DOCUMENTATION (Membership is not available if this section is incomplete)
 In order to demonstrate that our Centre meets Advice NI's Membership Criteria, we enclose copies of the following documentation. Existing members do not need to re-send documents unless they have been updated or changed.

| | | | |
|--------------------------------------|--|---|--|
| Advice NI Service Development Plan | | Please contact Advice NI for a template | |
| Equal Opportunities Plan | | Please contact Advice NI for a template | |
| Constitution | | Please contact Advice NI for a template | |
| List of Management Committee members | | | |
| Complaints Procedure | | Please contact Advice NI for a template | |
| Confidentiality Policy | | Please contact Advice NI for a template | |
| Latest Annual report | | | |

9. QUALITY ASSURANCE

Is your Centre accredited (or working towards accreditation) to a recognised Quality Assurance standard? (e.g. Investors in People) Yes No If yes, please specify which standard:

10. ADVICE SERVICE STAFFING - Please enter your adviser staff details, including relevant experience, qualifications and training, which will be entered on to our membership database. Email addresses will be subscribed to AdviceLink unless otherwise indicated

| Name | Email | Job Title | Paid / Vol |
|------|-------|-----------|------------|
|------|-------|-----------|------------|

Relevant Experience:
 Relevant Qualifications
 Relevant Training

| Name | Email | Job Title | Paid / Vol |
|------|-------|-----------|------------|
|------|-------|-----------|------------|

Relevant Experience:
Relevant Qualifications
Relevant Training

11. Membership Professional Indemnity Directors Officers Insurance Fees

| Category | Description |
|----------|---|
| 1 | Centres with volunteers only |
| 2 | Centres with up to and including 2 paid workers or equivalent. 2 workers are the equivalent of 70 hours paid staff time per week. |
| 3 | Centres with more than 2 but less than 6 paid workers |
| 4 | Centres with 6 or more paid workers |

| Membership Category | Membership only | Tick | Membership inclusive of Professional Indemnity Insurance* | Tick | Membership inclusive of Professional Indemnity Directors & Officers Insurance* | Tick |
|---------------------|-----------------|------|---|------|--|------|
| 1 | £47 | | £299 | | £485 | |
| 2 | £98 | | £380 | | £565 | |
| 3 | £147 | | £485 | | £640 | |
| 4 | £210 | | £570 | | £730 | |

Payment - *please tick appropriate box*

We enclose a cheque payable to Advice NI

Please invoice us for the amount ticked above

Please note payment terms are 30 days

*Important notes

- Summary of cover available from Advice NI
- Professional Indemnity Limit of Indemnity £500,000 Aggregate Excess £500
- Directors Officers Limit of Indemnity £500,000 Aggregate Nil Excess £500
- Cover as per Advice NI master policy
- Limited to members with an overall turnover of less than £2,000,000
- Cover is not in place until conformed in writing by underwriters and acceptance by them of your membership and insurance application details
- Cover is available for not-for-profit organisations only
- Excludes cover for advice provided by solicitors, barristers or related professionals who should obtain cover under their own indemnity insurance

12. INSURANCE SECTION - Insurance Application Conditions

| | | | | |
|---|--|-----|----|-----|
| 1a | Name of organisation: | | | |
| b | Activities: | | | |
| c | Total No. of employees (full & part-time): | | | |
| d | Income: | | | |
| | | YES | NO | N/A |
| 2a | Have you made a surplus in at least one of the last 3 years? | | | |
| b | Do you provide any legal, investment advice or professional services to 3rd parties for a fee? | | | |
| c | Have you declared a positive net worth in your latest annual accounts (total assets exceeded total liabilities)? | | | |
| d | Are your accounts reviewed by a qualified accountant at least once a year? | | | |
| e | Are written employment and grievance policies communicated to all new and existing employees? | | | |
| f | Are all disciplinary actions or employee terminations subject to prior review and approval by a suitably qualified professional adviser? | | | |
| g | In the last 5 years have you been the subject of any employment claim or investigation? | | | |
| h | Are all duties segregated so that at least dual control exists on signing cheques, issuing instructions for disbursement of assets or funds, fund transfer procedures and investments? | | | |
| i | In the last five 5 years has the charity or any insured person been the subject of an investigation by any official body or institution? | | | |
| j | In the last 5 years has any claim been made against the charity or any insured person? | | | |
| k | After enquiry, is the charity, trustee or any employee aware of any fact, circumstance, allegation or incident which may give rise to a claim under the proposed policy? | | | |
| If you have ticked any of the shaded boxes please provide further details (attach additional pages if necessary) | | | | |

| | |
|-----------------------------|---|
| Material information | Please provide us with details of any information which may be relevant to our consideration of your proposal for insurance. If you have any doubt over whether something is relevant, please let Advice NI have details. |
| Data Protection Act | By signing this Proposal Form you consent to Hiscox using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Acts 1988 & 2003. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected. |
| Complaints | If you have a complaint, please contact your insurance broker via Advice NI in the first instance. If your complaint cannot be resolved satisfactorily by your insurance broker, please contact our customer services team: Telephone: 044 870 084 3777 Email: customerservices@hiscox.com Address: Hiscox Insurance Company Ltd, 1 Great St Helen's, London, EC3A 6HX. |

Declaration of Insurance

I/We declare that (a) this proposal form has been completed after proper enquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of our proposal for insurance have been disclosed. I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance. I/We understand that non-disclosure or mis-interpretation of a material fact or matter will entitle Hiscox Insurance Company Limited to avoid this insurance. I/We agree that this proposal form and all other written information which is provided are incorporated into and form the basis of any contract of insurance. I/We authorise Marsh Ltd (the insurance broker for this contract) to discuss this application and insurance with Advice NI.

Name (please print):

Signature:

Position in Organisation:

Date:

Declaration of Membership

Please make sure you read the following conditions of membership before signing the declaration.

1. Members must fulfil all the Advice NI Membership criteria as detailed in this form.
2. MEMBERSHIP 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 Advice NI separately.
3. Advice NI Professional Indemnity Insurance is only available to members of Advice NI.
4. Advice NI reserves the right to cancel your Membership if actions by the centre bring the name of Advice NI into disrepute.

I have read and understood the conditions of Advice NI membership. I confirm that we meet all the Advice NI membership criteria detailed overleaf and we have provided all the documentation requested or we are actively working with Advice NI to provide this documentation. I understand that if we do not meet these undertakings our Advice NI professional Indemnity insurance will be invalidated. I hereby apply for/renew our Advice NI membership.

Name (please print):

Signature:

Position in Organisation:

Date:

PLEASE ENSURE ALL SECTIONS OF THIS FORM HAVE BEEN COMPLETED, AND PLEASE RETURN TO: Advice NI, 1 Rushfield Ave, Belfast, BT7 3FP
Tel: 028 9064 5919 **Fax:** 028 9049 2313 **Email:** info@adviceni.net **Website:** www.adviceni.net