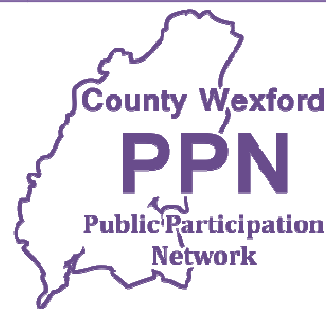


County Wexford Public Participation Network



Membership Registration Form 2016/17

(You can register online at www.wexford.ie/ppn)

If you have any queries, please contact
Wexford PPN Support Officer on
053- 9196553 or e-mail wexfordppn@wexfordcoco.ie

For Office use only:

MD: Ref No:

VR Yes or No Reason

FORM MUST BE FILLED IN BLOCK CAPITALS

SECTION 1: Community Organisation/Group Details

Name of Community Organisation/Group

**Address of Community & Voluntary
Facility (if Applicable)**

Eircode

Full Contact Details of the Organisation/Group:

These will be used for all correspondence

Contact Name

First Name

Second Name

**Correspondence
Address**

Eircode

Telephone

Landline

Mobile

Email

Online (if any)

Website

Facebook

Twitter

Should these details change, it is the responsibility of the group to notify Wexford PPN

About your Group...

- Date Established

(please show DD/MM/YYYY)

- Number of Members

- Legal Form of your group (Please tick one of the following);

Affiliated	<input type="checkbox"/>	Association	<input type="checkbox"/>	Charity	<input type="checkbox"/>
Committee	<input type="checkbox"/>	Co-operative	<input type="checkbox"/>	Limited Company	<input type="checkbox"/>
Set of Rules	<input type="checkbox"/>	Trust	<input type="checkbox"/>	Other	<input type="checkbox"/>

If other please specify _____

- Aims of your Community Organisation/Group: _____

- Main Cause of your group (Please tick one of the following);

Addictions & Recovery	<input type="checkbox"/>	Animals	<input type="checkbox"/>	Arts, Culture & Media	<input type="checkbox"/>
Carers	<input type="checkbox"/>	Children	<input type="checkbox"/>	Community Centre	<input type="checkbox"/>
Community Development	<input type="checkbox"/>	Crime/Safety	<input type="checkbox"/>	Education/Literacy	<input type="checkbox"/>
Emergency & Ambulance Services	<input type="checkbox"/>	Environment & Conservation	<input type="checkbox"/>	Families/Parenting	<input type="checkbox"/>
Health/Hospitals/Hospices	<input type="checkbox"/>	Heritage/Museums/Galleries	<input type="checkbox"/>	Homelessness/Housing	<input type="checkbox"/>
Human & Civil Rights/Equality	<input type="checkbox"/>	Intellectual/Learning Disabilities	<input type="checkbox"/>	Law/Legal Support/Justice	<input type="checkbox"/>
LGBT	<input type="checkbox"/>	Mens Groups	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>
Minority Groups	<input type="checkbox"/>	Older People/Active Retired	<input type="checkbox"/>	Overseas Aid/Development	<input type="checkbox"/>
Physical Disability	<input type="checkbox"/>	Politics	<input type="checkbox"/>	Prisoners/Offenders/Ex-offenders	<input type="checkbox"/>
Refugees/Asylum Seekers	<input type="checkbox"/>	Religion/Faith based	<input type="checkbox"/>	Residents Association	<input type="checkbox"/>
Sensory Impairment	<input type="checkbox"/>	Social Inclusion	<input type="checkbox"/>	Sports/Outdoor activities	<input type="checkbox"/>
Unemployment	<input type="checkbox"/>	Volunteering & Active Citizenship	<input type="checkbox"/>	Womens Groups	<input type="checkbox"/>
Youth	<input type="checkbox"/>				

Does your Group....

- | | | |
|---|------------------------------|-----------------------------|
| • Have Rules or A Constitution | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Have a Bank Account or Credit Union Account | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Hold an AGM | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Is your Group....

- | | | |
|---|------------------------------|-----------------------------|
| • Volunteer led (under voluntary control) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • 'Not for profit' | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Active in County Wexford | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Open to new members | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • A Single issue group | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • A member, subsidiary, or affiliated with a National or County body? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If yes – which body? _____

SECTION 2: Registration Details

In which Municipal District (MD) is your Group located?

(please tick one)

Wexford MD ☐

Enniscorthy MD ☐

New Ross MD ☐

Gorey MD ☐



In which geographical area does your organisation provide services?

(please tick one)

Wexford MD ☐

Countywide ☐

Enniscorthy MD ☐

Other ☐

New Ross MD ☐

(specify if other) _____

Gorey MD ☐

Which electoral college does your Group wish to register for? (Please read the description for each of the 3 colleges. Choose one college ONLY)

☐

Environmental

An organisation whose primary objectives and activities are Environmental (i.e. ecological) protection and / or environmental sustainability.

☐

Social Inclusion

An organisation whose main activity centres on working to improve the life chances and opportunities of those who are marginalised in society, living in poverty or in unemployment using community development approaches to build sustainable communities, where the values of equality and inclusion are promoted and human rights are respected.

☐

Community & Voluntary

All other organisations including Sports, Local Development, Social, Culture, Special Interest etc.

Please tick the other Strategic Policy Committees (SPC), Committee or Board Linkage group/groups below, if any, which your group would like to become a member.

A Linkage Group is a collection of PPN member organisations who are stakeholders or have a particular interest or expertise in the issues being discussed at that Board or Committee.

☐

Housing, Environment & Community SPC

☐

Transportation SPC

☐

Economic Development & Enterprise SPC

☐

Joint Policing Committee

☐

SE Fisheries Local Action Group (FLAG)

Description of the role of each SPC is available on the Community section of Wexford County Council Website

Description of SE FLAG available on www.BIM.ie

All PPN Members are automatically members of the Local Community & Development Committee (LCDC) college linkage groups.

SECTION 3: Nominated Voting Representatives

Each eligible Organisation/Group must nominate two representatives to the Plenary (the ruling body/executive which is made up of all member groups), one of which will have voting rights at each election. Representatives will be contacted by email or text ONLY.

Please note when choosing your representatives that each person can only vote once, even if they are the nominated representative for two groups. Because of the separation of the functions of Public Representatives and the PPN, Councillors, TDs, Senators & MEPs should not be a point of contact or nominated representatives for organisations.

Nominated Representative Number One:

Contact Name

First Name

Second Name

Telephone

Mobile

Email

Nominated Representative Number Two:

Contact Name

First Name

Second Name

Telephone

Mobile

Email

Note: should the representative change you should notify us in writing (email/hard copy)

SECTION 4: Declaration & Consent

☐

Please tick this box to confirm your group meets PPN requirements

(see requirements on website)

I agree and consent to personal data and sensitive personal data which I provide for myself and my group/organisation being used by Wexford County Council (WCC) & Wexford PPN or its agents for the purposes of the Network. This may require my personal data being supplied to and discussed with other members of the Network. These persons will be required to comply with the Data Protection Act, 1988 & 2003. I understand that I may request WCC & Wexford PPN to grant me access to my personal data which WCC & Wexford PPN holds.

☐

Please tick this box this box to confirm acceptance and consent

Wexford PPN may share your information with Departments within Wexford County Council in order to inform you of events that may be of interest to you or other information which may be of interest to you.

☐

Please tick this box if you do not wish Wexford PPN to share your information with any Departments of Wexford County Council.

I understand that I have the option at any time to withdraw my agreement / consent to such usage as specified above

I confirm that the information on this membership form is correct

Signed _____

Position _____

Date _____

PLEASE RETURN THIS FORM TO:

Wexford PPN Support Officer, Community,
Wexford County Hall, Carricklawn, Wexford, Y35 WY93

NOTE: Only groups registered with PPN prior to 5pm on Monday 31/10/2016 will have voting rights for 2016/17 elections.

