

# 1 > Organisational membership - to join ARC

Organisation Name \_\_\_\_\_

Category of membership - please tick appropriate box:

Full Member Category or

Introductory rates for Scotland/Wales/Northern Ireland

Address \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Registered Company No. (if applicable) \_\_\_\_\_

Registered Charity No. (if applicable) \_\_\_\_\_

**Name of Nominated Representative proposed to represent the organisation within ARC**

\_\_\_\_\_

Address \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Name of Chief Executive (if different from above) \_\_\_\_\_

**Name of any Regional Representative proposed to represent the organisation within ARC  
(if appropriate)**

\_\_\_\_\_

Address \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

## 2 > More about your organisation

Does your organisation only work with people with learning disabilities? Yes  No

Is it: Statutory  Voluntary  Independent  Private

What types of service does your organisation provide?

Advocacy	<input type="checkbox"/>	Adult placements	<input type="checkbox"/>	Day care	<input type="checkbox"/>
Domiciliary Care	<input type="checkbox"/>	holidays	<input type="checkbox"/>	Information Service	<input type="checkbox"/>
Nursing care	<input type="checkbox"/>	Peripatetic support	<input type="checkbox"/>	Residential care	<input type="checkbox"/>
Respite care	<input type="checkbox"/>	School/college education	<input type="checkbox"/>	Supported employment	<input type="checkbox"/>
Supported living	<input type="checkbox"/>	Training for employment	<input type="checkbox"/>	Workforce development	<input type="checkbox"/>
Other	<input type="checkbox"/>				

In which Nations/Regions do you have services?

Northern Ireland	<input type="checkbox"/>	Scotland	<input type="checkbox"/>	Wales	<input type="checkbox"/>
England	<input type="checkbox"/>	North West	<input type="checkbox"/>	North East	<input type="checkbox"/>
Yorkshire & Humberside	<input type="checkbox"/>	East Midlands	<input type="checkbox"/>	West Midlands	<input type="checkbox"/>
East of England	<input type="checkbox"/>	South East	<input type="checkbox"/>	London	<input type="checkbox"/>
South West	<input type="checkbox"/>				

Membership of ARC Disclosure Service and ARC Training Consortium (ATC) is free to all ARC members and you also enjoy greater discounted rates on training and publications.

Do you wish to be registered as a Training Consortium member? Yes  No

Which of the following training and service products the ATC provides will be of most interest to you?

Mentoring & Development Awards	<input type="checkbox"/>
NVQ Centre	<input type="checkbox"/>
Registered Managers Award (RMA)	<input type="checkbox"/>
Learning Disability Qualification Induction	<input type="checkbox"/>
Higher Professional Diploma in Learning Disability Services (HPDLDS)	<input type="checkbox"/>
Publications	<input type="checkbox"/>

# More about your organisation

Total number of employees \_\_\_\_\_ Total number of people supported \_\_\_\_\_

Total number of services/homes/day centres/other (please specify) \_\_\_\_\_

**Please list managers, addresses, telephone and fax numbers and email addresses for all services/establishments/offices (tick boxes to receive ARC information).**

Please photocopy where necessary - attach any sheets to this one.

Service \_\_\_\_\_

Address \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Service \_\_\_\_\_

Address \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Service \_\_\_\_\_

Address \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**Please tick the relevant box to show your organisation's turnover, in learning disability services, in the last year:**

**A:** less than £750,000  **B:** £750,000 – £1.5 million  **C:** £1.5 million – £5 million

**D:** £5 million – £10 million  **E:** £10 million – £15 million  **F:** more than £15 million

### 3 > Commitment statement

I hereby apply for membership of ARC. I have read the ARC Code of Practice and confirm that I support the principles it contains and will strive to put them into practice. I understand that my membership application will be subject to formal approval by the Council of ARC which is free to accept or reject this application without comment.

Signed \_\_\_\_\_ Date \_\_\_\_\_

For/on behalf of \_\_\_\_\_ Name \_\_\_\_\_

Organisation \_\_\_\_\_

Address \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

### 4 > Membership fees

Name (to whom we send invoices) \_\_\_\_\_

Address \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

#### ARC Annual Membership Subscription fees until March 2009

Your subscription charges are based on your level of turnover on Learning Disability Services as follows - please tick the appropriate band:

Band	Turnover Level (£)	Annual fee	Band	Turnover Level (£)	Annual fee
A	up to £750k	£200	D	£5m - £10m	£1,020
B	£750k - £1.5m	£410	E	£10m - £15m	£1,530
C	£1.5m - £5m	£620	F	more than £15m	£2,040

Invoice Total (pro-rata for remaining months of current subscription year, if applicable)

**Please return application and enclosures to:**

**ARC Accounts, ARC House, Marsden Street, Chesterfield S40 1JY (cheques payable to 'ARC Ltd')**