**Guide to applying for membership of Cobseo (Form 1)**

The Confederation of Service Charities exists for the benefit of its members. We welcome new applications, to be approved by the Executive Committee of Cobseo following a subjective assessment.

Section A

**Membership Type**

Applicants may qualify for Full or Associate member status depending on the following criteria:

**FULL Membership** – For charities whose primary purpose is to promote and further the welfare and general interests of the Armed Forces Community, and must be:

* Fully registered with the Charity Commission or other relevant authority;
* Able to demonstrate satisfactory operation for a period of over 18 months;
* Able to provide 1 year of most recent audited accounts;
* Applicants must be able to demonstrate effective and responsible governance; they must not be affiliated to or supportive of, any groups or organisations that may conflict with the values and purpose of the Confederation; and final membership is at the discretion of the Executive Committee.

or **ASSOCIATE Membership** – For charities or organisations which make a significant contribution to the Armed Forces Community, and must be:

* Fully registered with the Charity Commission or other relevant authority and/or with Companies House;
* Able to demonstrate satisfactory operation for a period of over 5 years;
* Able to provide 1 year of most recent audited accounts;
* Applicants must be able to demonstrate effective and responsible governance; they must not be affiliated to or supportive of, any groups or organisations that may conflict with the values and purpose of the Confederation; and final membership is at the discretion of the Executive Committee.

NB Special additional criteria apply (whether Full or Associate membership is being applied for) if the **focus** is on clinical treatment or healthcare, or any type of therapeutic intervention. In this case, membership must also be approved by the Cobseo Medical Advisory Committee. Please read and complete *Guiding Principles for Mental Health* (Form 2) and if relevant *Additional Criteria for Clinical Interventions* (Form 3).

Section B

**Cobseo Values**

New applicants are expected to demonstrate compatibility with the values of the Confederation which are:

* Support – the principle focus of our activities must be to aid our beneficiaries;
* Co-operation – embrace every opportunity to collaborate with others, to enhance the support available to our beneficiaries;
* Innovation – develop new ideas and practices that will add real value to our activities and that have lasting impact on our beneficiaries;
* Integrity – operate to ensure that we are open and honest, always acting in the best interests of our beneficiaries;
* Accountability – ensure that our standards of Governance and procedures are fully compliant with best practice.
* Compliance – guarantee that all our fundraising activities are in line with the current Code of Fundraising Practice, ensuring the good reputation of the Service Charity sector.

**Application Form**

Section C

|  |  |
| --- | --- |
| **Details of Charity or Company** | |
| Name: |  |
| Charity Registration Number: |  |
| and/or Company Registration Number: |  |
| Web Address: |  |
| Year Charity/Company Formed: |  |

|  |  |
| --- | --- |
| **Generic Contact Details of Charity or Company** | |
| Phone Number: |  |
| Email: |  |
| Postal Address: |  |
|  |  |

|  |  |
| --- | --- |
| **Individual Contact for the Purpose of Membership Application** | |
| Name: |  |
| Phone Number: |  |
| Email: |  |

|  |  |
| --- | --- |
| **Official Representatives** (please provide contact details of those applicable, continue on supplementary sheet if required) | |
| Patron/Chair/CEO/Secretary/Other: (indicate as appropriate) |  |
| Name (inc. Title/Rank): |  |
| Email/Phone: |  |
|  |  |

|  |  |
| --- | --- |
| **Official Representatives** (please provide contact details of those applicable, continue on supplementary sheet if required) | |
| Patron/Chair/CEO/Secretary/Other: (indicate as appropriate) |  |
| Name (inc. Title/Rank): |  |
| Email/Phone: |  |
|  |  |

Section D

**Evidence**

This section will give you the opportunity to describe the purpose of your organisation and to explain how you fit the criteria for membership.

|  |
| --- |
| 1. Summarise in a couple of sentences the purpose of your organisation.   For those applying for Associate Membership, please also describe the area of your work that has specific relevance to the military community. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| 1. FULL  or ASSOCIATE  (indicate which is being applied for)   Describe how your organisation meets the required criteria for Full or Associate Membership (reference Section A) and paying particular attention to the governance of the organisation. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| 1. Describe how your organisation upholds the values of Cobseo (reference section B). |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| 1. Please tell us why you are applying to join the Confederation – feel free to tell us about a specific circumstance or reason that is driving the application. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

Section E

**Further Actions**

* Completed **application form** (please return by email)
* Your most recent **annual accounts** (scan and return by email if possible)
* Any **publication** eg magazine/newsletter, that might help us to understand your organisation (by email or post)
* Additionally, and **only where applicable** (as per section A) please read and complete *Guiding Principles for Mental Health* (Form 2) and *Additional Criteria for Clinical Interventions* (Form 3).
* Remember to **date** your application below.

**The award of Membership of the Confederation is at the discretion of the Cobseo Executive Committee. Decisions are based upon an assessment of the evidence provided by the applicant in the Application Form and an additional level of due diligence carried out by the Cobseo Staff. There may be a requirement on occasion to ask for further evidence in support of your application.**

|  |  |
| --- | --- |
| **Authorised Applicant** |  |
| Name: |  |
| Date: |  |

Please read, complete and return this form by email to the Head of Membership and Finance, via [membership@cobseo.org.uk](mailto:membership@cobseo.org.uk) or if you have any queries, please don’t hesitate to call 020 7811 3225.