**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

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

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| **Generic Contact Details of Charity or Company** | |
| Name:  Phone Number: |  |
| Email: |  |
| Postal Address: |  |
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| **Name of CEO or Appropriate Contact for the Purpose of Membership Application** | |
| Name:  Role Title: |  |
| Phone Number: |  |
| Email: |  |

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| **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: |  |
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| **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.

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| 1. Summarise in a couple of sentences the purpose of the organisation.   For those applying for Associate Membership, please also describe the area of your work that has specific relevance to the military community. |
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| 1. FULL  or ASSOCIATE  (indicate which is being applied for)   Describe how the organisation meets the required criteria for Full or Associate Membership (reference Section A) paying particular attention to the governance of the organisation. NB Include any conflict of interests. |
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| 1. Describe how the organisation upholds the values of Cobseo (reference section B). Include statements about any reserves policy, remuneration of senior staff and also examples of co-operative arrangements with existing members of the Confederation. |
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| 1. List any and all investigations or enquiries, current or past, by Statutory or other Regulators (suppling copies of written correspondence as attachments to this application). |
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| 1. Please tell us the motivation for applying to join the Confederation including any specific circumstance or reason that is driving the application. |
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| |  | | --- | | 1. List any relevant guiding bodies to which the organisation subscribes, eg the Fundraising Regulator. | |
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Section E

**Further Actions**

* Completed **application form** (please return by email in Word format, not PDF.)
* A copy of the most recent **annual accounts** (scan and return by email if possible)
* Any **publication** eg magazine/newsletter, that might help us to understand the applicant organisation (by email or post)
* **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** the 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.**

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| **Authorised Applicant** |  |
| Name:  Role Title: |  |
| Date: |  |

**By submitting this application, you authorise Cobseo to communicate with other individuals or organisations as Cobseo deems necessary in the interest of due diligence.**

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.