**APPLICATION FOR MEMBERSHIP**

|  |  |  |
| --- | --- | --- |
| **1** | **Name of Organisation** |  |
|  | * **In your own Language**
 |  |
|  | * **In English**
 |  |
|  |  |  |
| **2** | **Date of Establishment** |  |
|  |  |  |
| **3** | **Form of Governance/Statutory Regulations** |  |
|  |  |  |
| **4** | **Address** |  |
|  | **Website Address (if applicable)** |  |
|  |  |  |
| **5** | **Contact Person** |  |
|  | * **Name**
 |  |
|  | * **Job Title**
 |  |
|  | * **Telephone Number (with International Code)**
 |  |
|  | * **Fax Number (with International Code)**
 |  |
|  | * **EMail Address**
 |  |
|  |  |  |
|  | **Alternative Contact Person** |  |
|  | * **Name**
 |  |
|  | * **Job Title**
 |  |
|  | * **Telephone Number (with International Code)**
 |  |
|  | * **Fax Number (with International Code)**
 |  |
|  | * **EMail Address**
 |  |

|  |  |  |
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| **6** | **Information about your Organisation** | **Please include any brochures, pamphlets, other information about your organisation if available** |
|  | **Please select the categories that suit you best, and add notes on a separate sheet if you wish** |
|  | **Type of Establishment** | **Mainstream** | **Special Deaf Establishment** | **Public Authority** | **Private/ NGO** | **Non-Residential** | **Residential****Facility** |
|  | * **Nursery school**
 |  |  |  |  |  |  |
|  | * **Primary school**
 |  |  |  |  |  |  |
|  | * **Secondary school (incl. Vocational / technical)**
 |  |  |  |  |  |  |
|  | * **Higher education institution**
 |  |  |  |  |  |  |
|  | * **Adult or continuing education provider**
 |  |  |  |  |  |  |
|  | * **Other Service Provider eg Care Home, Employment Service (regional/national)**
 |  |  |  |  |  |  |
|  | * **Other Service Provider eg Care Home, Employment Service (European/International)**
 |  |  |  |  |  |  |
|  | * **Association**

**Please give further information** |  |  |  |  |  |  |
|  | * **Other type of organisation**

**Please give further information** |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **7** | **Approximate Size of your Organisation** | **Ages** |
| **a)** | **Number of Pupils/Students/Residents/Clients** **if applicable** | **0 – 5 (6)** | **5 (6) - 10** | **11 - 16** | **17 - 19** | **20 - 25** | **25+** |
|  | * **Boys/Men**
 |  |  |  |  |  |  |
|  | * **Girls/Women**
 |  |  |  |  |  |  |
|  |  |  |
| **b)** | **Number of Staff** | **Qualified to teach Deaf Pupils/Students** | **Not Qualified to teach Deaf Pupils/Students** |
|  | * **Teachers**
 |  |  |
|  | * **Teaching Assistants or equivalent**
 |  |  |
|  | * **Residential Staff**
 |  |  |
|  | * **Administrative Staff**
 |  |  |
|  | * **Management Staff**
 |  |  |
|  | * **Other Staff (eg Catering Staff, Gardeners, Drivers)**
 |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **8** | **Form of Communication** |  |  |
|  | **Which is the preferred and taught form of communication in your establishment** |
|  | * **Sign Language (if so, which form)**
 |  |  |
|  | * **Oral Methods**
 |  |  |
|  | * **Other (please specify)**
 |  |  |
|  |  |
| **9** | **Please add any additional information you may wish so that you can describe your organisation – its aims and purposes, its structure and organisation, its size, its methodologies, etc - to your own satisfaction** |

**We have read and we agree with the Memorandum of Understanding for HIPEN, together with its Appendices A, B and C, as approved by the Member Organisations at their Meeting on 8th January 2007.**

**We wish to apply for Membership of HIPEN in accordance with the Memorandum of Understanding.**

**Signed by (Name and Job Title)**

**On behalf of (Organisation)**

**Date**

**Please return this Form, together with any other Information, to**

|  |  |
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| **Jeign Craig****Coordinator****jeigncraig34@icloud.com** |  |