

Membership Application Form

Application Form

Name of Organization _____

Address _____

Organisation's tel. no. _____

Email address _____

Contact person _____

Tel. no. _____

Email _____

Date _____

Type of membership requested _____

Official stamp

The CRANE Board reserves the right to terminate the membership of members and individuals if any of the items mentioned are disregarded or not complied with or if the name of the network is brought into disrepute. This will happen after open communication with the concerned organization concerning the reasons necessitating such action.

For office use only

Amount of membership paid _____

Date _____

Discussion held _____

Visit made _____

Signed _____

Date _____

CRANE stamp

General Information of Organisation:					
Contact Type:	(Circle one only) Individual / Church / Network / Organisation / CBO / NGO / Trust / School				
Name of Organisation:					
Physical Address:					
Postal Address:					
Landline Telephone Number: (country code/phone no):					
Mobile/ Cell Number: (country code/phone no):					
Email:		Website:			
Locations in which you operate: division / district / city					
What is your primary location for most activities?					
Number of Paid Staff:	M	F	Number of Volunteer Staff:	M	F
Number of children registered with you:	M	F	Number of children you work with in a year:	M	F
Contact of Director / Pastor / Leader:					
First Name:			Surname:		
Telephone Number:			Email:		
Issues handled					
Tick the main issues your organisation works on <input type="checkbox"/> Child Abuse – physical, sexual, emotional, neglect <input type="checkbox"/> Commercial Exploitation/Child labour <input type="checkbox"/> Disability (physical/mental) <input type="checkbox"/> Displacement <input type="checkbox"/> Domestic Abuse& family breakdown <input type="checkbox"/> Drugs & Addiction <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Institutionalisation <input type="checkbox"/> Orphans & Child Headed Households <input type="checkbox"/> Prejudice <input type="checkbox"/> Street Children <input type="checkbox"/> Unborn Children at Risk <input type="checkbox"/> War <input type="checkbox"/> Other (specify)			Tick the main activities your organisation does to help children <input type="checkbox"/> Advocacy <input type="checkbox"/> Community Development <input type="checkbox"/> Education <input type="checkbox"/> Faith Development <input type="checkbox"/> Feeding & Nutrition <input type="checkbox"/> Healthcare & Rehabilitation <input type="checkbox"/> Legal Aid <input type="checkbox"/> Networking <input type="checkbox"/> Publishing & Broadcasting <input type="checkbox"/> Research & Development <input type="checkbox"/> Sponsorship <input type="checkbox"/> Training <input type="checkbox"/> Child Participation <input type="checkbox"/> Counselling <input type="checkbox"/> Emergency Relief <input type="checkbox"/> Family Support <input type="checkbox"/> Funding <input type="checkbox"/> Income generation <input type="checkbox"/> Logistics <input type="checkbox"/> Outreach <input type="checkbox"/> Recreation <input type="checkbox"/> Residential care <input type="checkbox"/> Technical Services <input type="checkbox"/> Other (Specify)		
Policies			Finance		
Which of the following policies or manuals does your organisation have in place and are operational? Tick all that apply- Evaluator looks at the hard copies <input type="checkbox"/> Child Protection <input type="checkbox"/> Human Resource <input type="checkbox"/> Finance <input type="checkbox"/> Governance <input type="checkbox"/> Strategic plan <input type="checkbox"/> Fundraising and sustainability <input type="checkbox"/> I.T., data protection, handling of data and photos What policies not listed do you want help with?			What is your annual budget? We are asking this only so we can present a total figure to the government of how much CRANE members are investing and thus to be more heard. This will be kept confidential. Income Expenditure		
			Check the attachments. <ul style="list-style-type: none"> • Staff list and Qualifications • Governing body List and qualification • Organogram • Certificate 		

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Date of Membership Application	Date of submission of CP policy	Date of site visit	Amount paid	Staff initials

APPLICANT SELF ASSESSMENT FORM

DIRECTOR/FOUNDER		MOBILE		E-MAIL	
CONTACT PERSON		MOBILE		E-MAIL	
GOVERNANCE-NO OF BOARD MEMBERS	MALE	RELIGIOUS AFFILIATION			THEMATIC AREA/S
	FEMALE				
MISSION STATEMENT					
GOAL					
OBJECTIVES OF THE ORGANISATION					
i.					
ii.					
iii.					
iv.					
ISSUES OF CHILDREN BEING ADDRESSED BY THE ORGANISATION					
ISSUE			HOW IS IT BEING ADDRESSED		
1.					
2.					
3.					
4.					
WEAKNESSES & THREATS (EXPECTATIONS FOR JOINING THE NETWORK)					
1			3		
2			4		
STRENGTH & OPPORTUNITIES FOR THE NETWORK (HOW THE NETWORK CAN BENEFIT FROM YOUR ORGANISATION)					
1.			3		
2			4		
FUTURE EXPECTATIONS					

Attachments required

- Staff list and Qualifications
- Governing body List and qualification
- Organogram

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Other observations

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People interacted with:

- a.
- b.
- c.
- d.

Date of visit.....