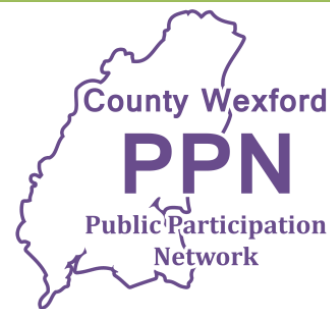


County Wexford Public Participation Network



Membership Registration Form 2017/18

(You can register online at www.wexfordppn.ie, membership section)

If you have any queries, please contact
Wexford PPN Support Officer on
053- 9196553 or e-mail wexfordppn@wexfordcoco.ie

For Office use only:

MD: Ref No:

VR Yes or No Reason

FORM MUST BE FILLED IN BLOCK CAPITALS

SECTION 1: Community Organisation/Group Details

Name of Community Organisation/Group

Address of Community & Voluntary Facility
(if Applicable)

Eircode

Full Contact Details of the Organisation/Group:

These will be used for all correspondence

Contact Name

Forename

Surname

Correspondence Address

Eircode

Telephone

Landline

Mobile

Email

Online (if any)

Website

Facebook

Twitter

Should these details change, it is the responsibility of the group to notify Wexford PPN

About your Group...

- Date Established _____
(please show DD/MM/YYYY)

- Number of Members _____

- Legal Form of your group (Please tick one of the following);

Affiliated	<input type="checkbox"/>	Association	<input type="checkbox"/>	Charity	<input type="checkbox"/>
Committee	<input type="checkbox"/>	Co-operative	<input type="checkbox"/>	Limited Company	<input type="checkbox"/>
Set of Rules	<input type="checkbox"/>	Trust	<input type="checkbox"/>	Other	<input type="checkbox"/>

If other please specify _____

- Aims of your Community Organisation/Group: _____

- Main Cause of your group (Please tick one of the following);

Addictions & Recovery	<input type="checkbox"/>	Animals	<input type="checkbox"/>	Arts, Culture & Media	<input type="checkbox"/>
Carers	<input type="checkbox"/>	Children	<input type="checkbox"/>	Community Centre	<input type="checkbox"/>
Community Development	<input type="checkbox"/>	Crime/Safety	<input type="checkbox"/>	Education/Literacy	<input type="checkbox"/>
Emergency & Ambulance Services	<input type="checkbox"/>	Environment & Conservation	<input type="checkbox"/>	Families/Parenting	<input type="checkbox"/>
Health/Hospitals/Hospices	<input type="checkbox"/>	Heritage/Museums/Galleries	<input type="checkbox"/>	Homelessness/Housing	<input type="checkbox"/>
Human & Civil Rights/Equality	<input type="checkbox"/>	Intellectual/Learning Disabilities	<input type="checkbox"/>	Law/Legal Support/Justice	<input type="checkbox"/>
LGBT	<input type="checkbox"/>	Mens Groups	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>
Minority Groups	<input type="checkbox"/>	Older People/Active Retired	<input type="checkbox"/>	Overseas Aid/Development	<input type="checkbox"/>
Physical Disability	<input type="checkbox"/>	Politics	<input type="checkbox"/>	Prisoners/Offenders/Ex-offenders	<input type="checkbox"/>
Refugees/Asylum Seekers	<input type="checkbox"/>	Religion/Faith based	<input type="checkbox"/>	Residents Association	<input type="checkbox"/>
Sensory Impairment	<input type="checkbox"/>	Social Inclusion	<input type="checkbox"/>	Sports/Outdoor activities	<input type="checkbox"/>
Unemployment	<input type="checkbox"/>	Volunteering & Active Citizenship	<input type="checkbox"/>	Womens Groups	<input type="checkbox"/>
Youth	<input type="checkbox"/>				

Does your Group....

- Have Rules or A Constitution Yes No
- Have a Bank Account or Credit Union Account Yes No
- Hold an AGM Yes No

Is your Group....

- Volunteer led (under voluntary control) Yes No
- 'Not for profit' Yes No
- Active in County Wexford Yes No
- Open to new members Yes No
- A Single issue group Yes No
- A member, subsidiary, or affiliated with a National or County body? Yes No

If yes – which body? _____

SECTION 2: Registration Details

In which Municipal District (MD) is your Group located?

(please tick one)

- Wexford MD
- Enniscorthy MD
- New Ross MD
- Gorey MD



In which geographical area does your organisation provide services?

(please tick one)

Wexford MD <input type="checkbox"/>	Countywide <input type="checkbox"/>
Enniscorthy MD <input type="checkbox"/>	Other <input type="checkbox"/>
New Ross MD <input type="checkbox"/>	<i>(specify if other)</i> _____
Gorey MD <input type="checkbox"/>	_____

Which electoral college does your Group wish to register for?

(Please read the description for each of the 3 colleges. Choose one college ONLY)

Environmental

An organisation whose primary objectives and activities are Environmental (i.e. ecological) protection and / or environmental sustainability.

Social Inclusion

An organisation whose main activity centres on working to improve the life chances and opportunities of those who are marginalised in society, living in poverty or in unemployment using community development approaches to build sustainable communities, where the values of equality and inclusion are promoted and human rights are respected.

Community & Voluntary

All other organisations including Sports, Local Development, Social, Culture, Special Interest etc.

Please tick the linkage groups that your group would like to be part of in 2017/2018.

These are the areas of interest for your group and ticking those relevant means you are kept up to date with information on these aspects.

Check out the 'Representing' section of www.wexfordppn.ie to find out more about these committees

	Yes	No
Wexford County Council Committees		
Housing, Environment & Community Strategic Policy Committee (SPC)		
Economic Development & Enterprise Strategic Policy Committee (SPC)		
Transportation & Roads Strategic Policy Committee (SPC)		
Planning & Building Control Strategic Policy Committee (SPC)		
Joint Policing Committee (JPC)		
Courtown/Riverchapel Local Policing Fora (LPF)		
Other Committees		
SE Fisheries Local Action Group (FLAG)		
Sports Active – Wexford Local Sports Partnership		
South East Regional Drugs & Alcohol Task Force (SERDATF)		

All PPN Members are automatically members of the Local Community Development Committee (LCDC) college linkage groups.

SECTION 3: Nominated Voting Representatives

Each eligible Organisation/Group must nominate two representatives to the Plenary (the ruling body/executive which is made up of all member groups), one of which will have voting rights at each election. Representatives will be contacted by email or text **ONLY**.

Please note when choosing your representatives that each person can only vote once, even if they are the nominated representative for two groups. Because of the separation of the functions of Public Representatives and the PPN, Councillors, TDs, Senators & MEPs should not be a point of contact or nominated representatives for organisations.

Nominated Representative Number One:

Contact Name

Forename

Surname

Telephone

Mobile

Email

Nominated Representative Number Two:

Contact Name

Forename

Surname

Telephone

Mobile

Email

Note: should the representative change you should notify us in writing (email/hard copy)

SECTION 4: Declaration & Consent

Please tick this box to confirm your group meets PPN requirements

(see requirements on 'membership' section of website www.wexfordppn.ie)

I agree and consent to personal data and sensitive personal data which I provide for myself and my group/organisation being used by Wexford County Council (WCC) & Wexford PPN or its agents for the purposes of the Network. This may require my personal data being supplied to and discussed with other members of the Network. These persons will be required to comply with the Data Protection Act, 1988 & 2003. I understand that I may request WCC & Wexford PPN to grant me access to my personal data which WCC & Wexford PPN holds.

Please tick this box this box to confirm acceptance and consent

Wexford PPN may share your information with Departments within Wexford County Council in order to inform you of events that may be of interest to you or other information which may be of interest to you.

Please tick this box if you do not wish Wexford PPN to share your information with any Departments of Wexford County Council.

I understand that I have the option at any time to withdraw my agreement / consent to such usage as specified above

I confirm that the information on this membership form is correct

Signed

Position

Date

Important Note:
Only groups registered with Wexford PPN
prior to 5pm on Tuesday 31/10/2017
will have voting rights for 2017/18 elections.

**PLEASE RETURN THIS FORM TO:
Wexford PPN, Wexford County Hall, Carricklawn, Wexford, Y35 WY93**

Wexford PPN is supported by:

