

# County Wexford Public Participation Network



## Membership Registration Form 2017/18

(You can register online at [www.wexfordppn.ie](http://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](mailto:wexfordppn@wexfordcoco.ie)

For Office use only: **V3 June 2018**

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](http://www.wexfordppn.ie) to find out more about these committees

	Yes	No
<b>Wexford County Council Committees</b>		
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)		
<b>Other Committees</b>		
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. Please ensure you have consent from nominated representatives before providing details.*

### 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)**

