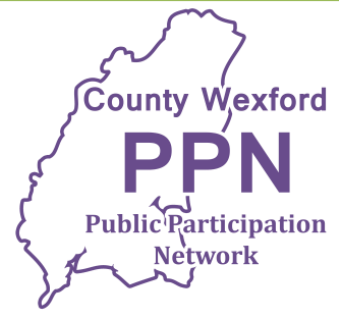


County Wexford Public Participation Network (PPN)

Membership Registration Form 2019/20

Revised Sept 2019



What is Wexford PPN?

Wexford PPN is a network of community groups and voluntary organisations working at local level throughout County Wexford.

What does a PPN do?

The PPN is involved in **informing, developing, & representing** members;

Informing

A core membership benefit is sharing information across members and to members. Information can vary from details of public consultations, training events, funding opportunities to member events.

Developing

Wexford PPN aims to help groups in achieving their objectives, by further developing themselves - through access to conferences, training, mentoring, networking, seminars etc .

Representing

Wexford PPN offers community a seat and a voice at the decision-making tables within the county - allowing members to help in shaping important decision making.

Who can join?

To become a member of Wexford PPN a group must meet the following **criteria**;

- Be active with a postal address in County Wexford
- Operate on a not-for profit basis
- Are volunteer led - organisations may have paid staff, but must be under voluntary control
- Are independent i.e. not a sub-committee or subgroup of another organisation
- Have at least 5 members and are open to new members
- Have an appropriate governance structure e.g. a constitution / set of rules / financial procedures
- Meet regularly
- In existence for at least six months
- Are non-party political

Should your organisation not meet all of the membership criteria Wexford PPN would be happy to discuss if, how and when this would be possible, so please do not hesitate to get in touch.

Join online at www.wexfordppn.ie, under the membership section

or

Complete and return this form

If you have any queries, please contact:

Wexford PPN Support Officer on 053- 9196553 or e-mail wexfordppn@wexfordcoco.ie

County Wexford Public Participation Network (PPN)

Membership Registration Form 2019/20

FORM MUST BE FILLED IN BLOCK CAPITALS

SECTION 1: Community Organisation/Group Details

Name of Community/Voluntary Organisation/Group _____

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/Credit Union/Post Office 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? _____

Your groups online presence (if any)

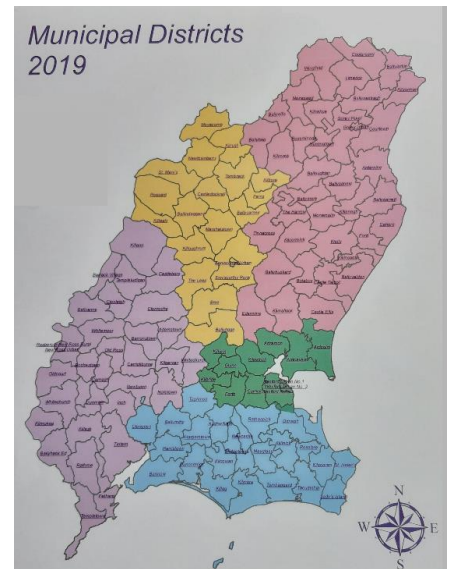
Website	Facebook	Twitter
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SECTION 2: Registration Details

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

(please tick **one**)

<input type="checkbox"/>	Wexford MD	<input type="checkbox"/>
<input type="checkbox"/>	Enniscorthy MD	<input type="checkbox"/>
<input type="checkbox"/>	New Ross MD	<input type="checkbox"/>
<input type="checkbox"/>	Gorey-Kilmuckridge MD	<input type="checkbox"/>
<input type="checkbox"/>	Rosslare MD	<input type="checkbox"/>



In which geographical area does your organisation provide services?

(please tick **one**)

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

Which electoral college does your Group wish to register for?

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

<input type="checkbox"/>	Environmental	An organisation whose primary objectives and activities are Environmental (i.e. ecological) protection and / or environmental sustainability.
<input type="checkbox"/>	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.
<input type="checkbox"/>	Community & Voluntary	All other organisations including Sports, Local Development, Social, Culture, Special Interest etc.

SECTION 3: Nominated Contacts & Voting Representatives

The persons identified will be deemed as the main and alternate contacts for your group and they will be the contacts to which we provide information for your group. It is the responsibility of the contacts to disseminate the information to the other members of your group and so this should be considered in the choice of your contact personnel.

These contacts are also considered the nominated voters for your organisation, one of which will have voting rights for your organisation/group at each eligible election.

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.

Main Contact	Alternate Contact
Name _____	Name _____
Position in Organisation _____	Position in Organisation _____
Landline Telephone _____	Landline Telephone _____
Mobile Telephone _____	Mobile Telephone _____
Email _____	Email _____
Correspondence Address <div style="margin-left: 40px;"> _____ _____ _____ </div>	
Eircode _____	

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 front page for criteria)

I, on behalf of my organisation, agree and consent to personal data and special categories of personal data which I have provided for main and alternate contacts, and for my group/organisation being used by 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. Wexford PPN, its agents, and network members will be required to comply with the General Data Protection Regulation – Regulation (EU) 2016/679 of the European Parliament and of the Council. I understand that I may request Wexford PPN to grant me access to my personal data which Wexford PPN holds.

**Wexford PPN currently uses Form Assembly (online form builder) to collect data, Wexford County Council to store data, and Salesforce as a CRM/Database management solution.*

Please tick this box to confirm acceptance and consent

I understand that I have the option at any time to withdraw my agreement / consent to such usage as specified above as provided for in Articles 7 and 8 of the GDPR

I confirm that the information on this membership form is correct and that full consent has been received to provide personal contact information

Signed

Position

Date

Important Note:

Only groups registered with Wexford PPN
prior to 5pm on Thursday 31/10/2019
will have voting rights for 2019/20 elections.

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

Wexford PPN is supported by:



&



An Roinn Forbartha
Tuaithe agus Pobail
Department of Rural and
Community Development