

CARING OUTREACH INTERNATIONAL CHARITY (COIC)

International House.(Suite 601)223 Regent Street , London W1B 2QD. United Kingdom



This Form is for Individual Group and Organization who will love to Affiliate with this CHARITY. Mainly for Social and Community work only by using the Charity Number as a partner member World Wide.

PARTNERSHIP AFFILIATION APPLICATION FORM

1. NAME OF THE CHAIR PERSON OR LEADER OF THE GROUP / ORGANIZATION.{Male / Female}

Title.. First Name. Surname

2. Name of the Organization / Group to be affiliated as a member _____

3. Address Of The Leader _____

4. Address of the Organization /Group. _____

NOT POST OFFICE ADDRESS PLEASE. THANKS

5. The Leader's Telephone Number _____ Mobile _____

6. The Organization / Group's Telephone Number _____ Fax _____

7. E. Mail Address _____ and P.O. BOX ADDRESS _____

8. What is your Project's aim and Objectives _____

You can use another paper if you will need to say more words. Please make it very brief . Thanks

9. What is the name of your Project? _____

10. Have you got Charity Business Plan written concerning your project? If yes, please enclose it with this application. If NO. When are you going to have it written? _____ Do you need help in writing the Charity / Project Business plan? _____ Charity Business plan would help you stay focus and know your strategy and what you wanted to do in reality .

11. Are you ready to abide by the rules and the regulations of caring outreach Int'l Charity and of Sending the full report of your annual activities and accounts to caring outreach according to the Set up of caring outreach and of charity commission for accountability .Yes / NO ____ If No. Why? _____

12. Please tell us the type of People you will like to help. Eg .Disabled, Elderly, Children ,every one. Lesbian , Gay e t c. _____ Would they be Multi Culture or a particular race? . _____

13. Have you got all the policies needed to operate in place such as Equal Opportunity Policy, Child and Adult Protection Policy. Health and safety Policy etc. __ Yes / No. If no,would you like to adopt them.? Y/N

14 . Please tell us the name and address of your Board Of Committee. Please Write it on separate paper. Thanks

FOR OFFICE USE ONLY

APPLICATION RECEIVED DATE _____

ACCEPTED / REFUSED _____ Proof Received _____

Documents attached with the Application. _____

Reference Received _____

Officers Name _____