

Dreamscheme Network Membership Application Form

Name of Group:	
Main Contact Name(s):	
Recommended Contact Times (i.e. Mon-Fri, 9.00am - 12.00 noon):	
Group status (i.e. Registered Charity, constituted community group, etc.)	
Group Postal Address:	Group Base Address (if different):
Contact Telephone Number:	Contact E-mail:
Group Leader:	
List all group officers & positions (Chair, Treasurer, Secretary, etc.)	

Checklist

Please give name(s) of current group member(s) who have completed Level 2 Training:

We have read, fully understood and agree to the Terms and Conditions of Membership of the Dreamscheme Network. We include a cheque for £50.00 to cover one year's membership.

We understand that 6 months from this date we must produce evidence of completion of the following:

- Agree and formally adopt Policies & Procedures
- Begin working with young people on a dreamscheme
- Receive visit from Dreamscheme Network representative

We understand that full Registered Dreamscheme status will not be granted until this process has been completed in its entirety.

Signed on behalf of _____ group:

Signed _____ Date _____

Position _____