

Phab Affiliation Agreement Form

Affiliation to Phab is open to all Clubs/Projects/Phab Area Committees (PACs) that adhere to the following conditions:

“Clubs/Projects/PACs” for the purpose of this Agreement, means a group that adheres to the philosophy of Phab.

This AGREEMENT is made between Phab and _____
(Name of group)

1. The Phab group are required to operate in a geographical area approved by Phab.
2. The Phab group are required to act in pursuance of the objects and policy of Phab and shall be subject to such conditions as from time to time laid down by the Board of Phab.
3. The Phab group are required to adopt the “Model Constitution” for Clubs/Projects/PACs or have adopted another constitution with the prior approval of Phab.
4. The Phab group will keep records of income and expenditure (if applicable) as determined by current legislation and ensure that appropriate accounts are presented at the end of each financial year to their AGM.
Copies of the accounts may be required by Phab in the event of a grant or financial assistance being applied for.
5. The Phab group must ensure that it has adequate insurance cover for itself and its members. The cover provided by the Ecclesiastical Insurance Group (EIG), through BJK is strongly recommended.
6. The Phab group’s programme of events should encourage equal participation by all members, based on the social model of disability.
7. The Phab group should ensure, in partnership with the owners of the premises used by them for meetings of that group, that the building and the facilities offered meet current Health and Safety requirements.
8. The Phab group will have the right to use the Phab name and logo so long as they pursue the aims and purposes and use language and literature approved by Phab.
9. The Phab group is requested to respond to requests for information and participate in area, regional and Phab national events, which promote the overall work of Phab.
10. The Phab group must ensure that it meets the regulations specified in the Children’s Act and Phab’s own policy for Child and Vulnerable Adult Protection.
11. The Phab group are required to comply with the agreed procedures and guidelines, purposes and philosophy of Phab, as defined by the Board of Phab.

Signed by: _____ **Print Name:** _____

For and on behalf of: _____ **Date:** _____
(Name of group)

N.B. Please complete and sign both copies of this form, keeping one for your own records and returning the other with your Affiliation Form to: Phab, Summit House, 50 Wandle Road, Croydon CR0 1DF