

Application Form for New Learning Link Scotland Members

1. Contact Details

Organisation Name: _____

Address: _____

Tel: _____ Fax: _____

Website address: _____

E-mail: _____ Contact Person: _____

2. Description

Please provide a brief description of your organisation: _____

3. Legal status

Are you a voluntary organisation? Yes No

If not, please describe: _____

4. Funding

Less than £25,000	<input type="checkbox"/>	£25-50,000	<input type="checkbox"/>
£50-100,000	<input type="checkbox"/>	£100-250,000	<input type="checkbox"/>
£250,000-1 million	<input type="checkbox"/>	£1 million+	<input type="checkbox"/>

What are your main sources of funding? _____

5. Geographical remit

Do you have a national remit? Yes No

If not, in which area(s) do you work?: _____

No. of staff: Full time: _____ Part-time: _____ Volunteers: _____

Please attach contact details for all branches that would like to receive mailings from us.

6. Quality

Do you hold any recognised quality standards? If so, what are they?

7. Target Group

What is your main target group(s)? _____

How many clients do you reach on average per year? _____

8. Service provision

Is adult education a core part of your service? Yes No

Please tick all categories of services that you offer:

Core skills	<input type="checkbox"/>	Problem-solving	<input type="checkbox"/>
Support & guidance	<input type="checkbox"/>	Citizenship	<input type="checkbox"/>
Literacy & numeracy	<input type="checkbox"/>	Employment advice/ training	<input type="checkbox"/>
Vocational training	<input type="checkbox"/>	Pre-vocational training	<input type="checkbox"/>
Qualifications	<input type="checkbox"/>	Confidence building	<input type="checkbox"/>
ICT	<input type="checkbox"/>	Personal development	<input type="checkbox"/>

Other _____

9. Methods of delivery

Which method(s) of delivery best describes your activities?

Community-based	<input type="checkbox"/>	Other (please specify)
Informal	<input type="checkbox"/>	_____
Formal (e.g. courses)	<input type="checkbox"/>	
One-to-one	<input type="checkbox"/>	
Group work	<input type="checkbox"/>	

10. I give permission for information about the above organisation to be used/ passed onto other organisations for mailing, networking and research purposes: **Yes/ No.**

11. Please tell us where you heard about Learning Link Scotland:

Conference/ seminar	<input type="checkbox"/>	Other (please specify)
LLS website	<input type="checkbox"/>	_____
Present member	<input type="checkbox"/>	
LLS mailing	<input type="checkbox"/>	

Signed _____ **Date** _____

Please send this form back to us at the address below. Also please enclose any additional materials/ info about your organisation eg. an annual report.

Learning Link Scotland, Suite 6, 2 Commercial Street, Leith, Edinburgh EH6 6JA
Tel: 0131 553 7992; Fax: 0131 553 3870