

Application for Subscription

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 government agency further education institute
 Network or partnership higher education institute
 Other, please describe:

4. Geographical remit

Do you have a national remit? Yes No

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

5. Staffing

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

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

6. Service provision

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

Can you offer services to voluntary organisations?
E.g. training, information, publications Yes No

Please describe _____

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

8. *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 _____

Print Name _____

Position _____

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.

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