

THE FEDERATION FOR DETACHED YOUTH WORK



MEMBERSHIP FORM

Membership of the Federation does not confer any endorsement of practice in Detached Youth Work and should not be used in applications or publicity materials to infer eligibility. Please note that membership is granted to individuals and is not transferable. The membership period runs from 1st November to 31st October.

New Member: YES NO

If NO Membership Number: _____

FORENAME _____
SURNAME _____

PROJECT _____

ADDRESS _____

POST CODE _____

TELEPHONE _____ FAX _____

EMAIL _____ WEBSITE _____

Please tick the category that best describes your involvement in Youth Work, and which you wish to apply for.

No	CATEGORY (please tick below)	DESCRIPTION	CRITERIA
1		Employed in Youth work full time	(35hrs plus per week)
2		Employed in Youth work part time	(15-35hrs per week)
3		Employed in Youth work part time	(1-15hrs per week)
4		Volunteers in Youth Work	(Unpaid)
5		Students	In Full time education
6		Not involved in Youth Work	Vested Interest

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM BEFORE RETURNING IT TO

The Federation for Detached Youth Work
c/o NYA, Eastgate House
19-23 Humberstone Road
Leicester, LE5 3GJ
Tel: 0116 242 7490 Fax: 0116 242 7444/ 03
Email: fdyw@nya.org.uk

EMPLOYER DETAILS:									
NAME:									
ADDRESS:									
WORK DETAILS									
1. SPECIALIST AREAS OF INTEREST									
HOUSING		DRUGS		ENVIRONMENT		SEXUAL HEALTH		GENDER ISSUES	
EMPLOYMENT		HEALTH		ARTS		SPORT		CRIME	
OTHER (PLEASE SPECIFY) _____									
2. SECTOR OF EMPLOYMENT									
STAT. YOUTH SERVICE			VOL. YOUTH SERVICE			CONNEXIONS			
NEIGHBOUR. RENEWAL			SOCIAL SERVICES			Y. O. T.			
OTHER (PLEASE SPECIFY) _____									
3. EQUAL OPPORTUNITIES MONITORING FORM (guided by CRE and census)									
<p>The Federation is opposed to all forms of discrimination. It is committed to combating all forms of prejudices and seeks to support and promotes anti oppressive practice. The data provided on our monitoring forms will enable us to:-</p> <p>A Link workers who identify themselves within the same category and or field (providing a national support link).</p> <p>B To monitor our membership and evaluate if they reflect the national perspective of Detached Youth workers.</p> <p>Please support the Federation in providing the following details to enable efficient and effective monitoring of our services for detached youth work. (PLEASE TICK THE BOXES THAT YOU CAN IDENTIFY YOURSELF WITH)</p>									

DISABLED	YES		NO		If Yes REG DISABLED		MALE		FEMALE	
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WHITE:

ENGLISH		SCOTTISH		WELSH		IRISH	
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Other (please specify) _____

MIXED ETHNIC BACKGROUND

WHITE & BLACK CARIBBEAN		WHITE & BLACK AFRICAN		WHITE & ASIAN	
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Other (please specify) _____

ASIAN:

BRITISH		INDIAN		PAKISTANI		BANGLADESHI		CHINESE	
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Other (Please specify) _____

BLACK:

BRITISH		CARRIBEAN		AFRICAN	
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Other (Please specify) _____

Please tick this box if you want your contact details to be shared with our regional representatives so that you can receive localised information about meetings and or training events.

Signature: _____

Name: _____

DATE __/__/__