

NTfW Membership Application Form

*All fields must be completed

Name of Organisation:

Address of Organisation:

Contact Name:

Position in Organisation:

Telephone Number: Mobile:

Email: Fax:

Website:

Name of Finance Contact:

Position in Organisation:

Telephone Number: Mobile:

Email: Fax:

Membership Category that you are applying for (tick one box only):

Full Membership (Commissioned Contract Holder only) 0.1% of published contract value	Full Membership (Delivery Partners) By arrangement with the Commissioned Contract Holder	Associate Membership (Regional organisation up to 5 employees) £250 per year	Associate Membership (Regional organisation up to 5 employees) £500 per year	Associate Membership (Regional organisation up to 5 employees) £1000 per year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is the Organisation part of a Larger Group; and if yes please name:

Turnover (Tick Box):

£0 - £100,000 £100,000 - £500,000 £500,000 - £1,000,000 £1,000,000+

No. of Staff:

No. of Qualified Instructors/Tutors Employed (i.e. QCF Assessors, Verifiers, PGCE, Cert FE):

a) Full Time b) Part Time c) Associate/Freelance

Briefly provide an overview of your Core Business:

Government Funded Programmes delivered e.g. DfES Programmes, Dep't for Work & Pensions (DWP) etc.

Does your Organisation hold Contracts with Government Agencies in:

Wales England Ireland Scotland If yes – Who do you Contract with?

Name of Department

What is the Contract for?

Is your Organisation a Sub-Contractor to any Organisation in:

Wales England Ireland Scotland If yes please give details:

Who do you Sub-Contract for?

What is the Sub-Contract for?

Have you ever had a Contract refused or withdrawn by Welsh Government or Central Government?

Yes No If yes please give details:

Other Services offered e.g. Consultancy, Research, Management Programme / Supervisory Training etc.

If your Organisation is represented on any relevant or 'Stakeholder' Organisation e.g. Sector Skills Councils, Regional Advisory Groups etc. Please provide details accordingly:

Preferred Region: North South East South South West&Mid

Why do you want to join NTfW?

I declare that the information given above is true and accurate to the best of my knowledge

Print Name:

Signature:

Date:

**Please return this application to: National Training Federation for Wales (NTfW),
Ocean Park House, East Tyndall Street, Cardiff, CF24 5ET; or Email: info@ntfw.org**
Registered No. 0459179 Registered in Wales