



HARROW ARTS CENTRE
171 Uxbridge Road
Hatch End
Middlesex HA5 4EA

T: 020 3773 7161
E: box.office@harrowarts.com
www.harrowarts.com

Harrow Arts Centre Associate Groups Application Form

Before completing this application form please read the HAC Associate Groups Policy carefully

Please ensure that all sections of this application form are completed as fully as possible

Please ensure that two authorised members of your organisation, one of whom must be a member of your management committee (i.e. Chair, Treasurer or Secretary) sign this form

Please provide copies of the supporting documents listed in section 3 with your application

Please ensure you keep a copy of your completed form

Please return the completed form to:

Associate Groups Programme
Harrow Arts Centre
Uxbridge Road
Hatch End
HA5 4EA

Email: box.office@harrowarts.com

1. Organisation Contact Details

Name of organisation _____

Organisation Address _____

Postcode _____

Address for correspondence
(if different from above) _____

Post code _____

Contact person 1 _____

Position in organisation _____

Telephone _____ Email _____

Contact person 2 _____

Position in organisation _____

Telephone _____ Email _____

2. About your Organisation

Please select which option best describes your organisation:

Registered charity - registration number: _____

Constituted voluntary organisation _____

Branch of a regional or national organisation _____

Other - Please describe: _____

When was your organisation set up? _____

What makes your organisation Harrow-based? _____

Briefly describe the purpose of your organisation _____

3. Supporting Documents

Please provide copies of:

Your constitution/ memorandum and article of association/ deeds of trust

A bank statement in the organisation's name

Written statement of commitment to safeguarding of children and vulnerable adults

Written statement of commitment to equal opportunities

4. About your Activities

Please describe the activities of your organisation

5. Who Benefits from your Activities

How many people are directly involved in your activities on a regular basis?

How many people benefit annually from your activities as audiences?

Please describe any groups, in relation to ethnicity, gender, age, or disability, who particularly benefit from your activities either as participants or audiences

6. Proposed Events as Associate Group

Please describe the event you wish to stage in the HAC Programme as an Associate Group

Please describe the other events and/ or activities your organisation will undertake in the 3 years covered by this Associate Group application

7. Declaration

We, on behalf of our organisation, declare that all the information provided in this application form is correct and complete to the best of our knowledge and that if accepted as an Associate Group we will adhere to the requirements as described in the HAC Associate Group Policy. We also confirm that we will inform the relevant officer of HAC of any changes to the organisation's circumstances that would affect our eligibility for Associate Group status.

Signed

Date

Print Name

Position in Organisation
