Natspec Membership - Application Form

Full Member

**Please complete this application and return electronically – in Microsoft Word format - to** [**info@natspec.org.uk**](mailto:info@natspec.org.uk)**. We aim to process your application within 14 working days.**

Organisation details

|  |  |  |  |
| --- | --- | --- | --- |
| Name of organisation: | | | |
| Main Address: | | | |
| Postcode: | Tel. Number: | | UKPRN: |
| General email: | | Website: | |
| Name of umbrella organisation / group (if applicable): | | | |

|  |  |  |
| --- | --- | --- |
| What is your home local authority? |  | |
| What type of provider are you? (e.g. Specialist college, GFE, Sixth Form College) | | |
| What is your legal type? (e.g. Charity, company limited by guarantee, private company, incorporated college) | | |
| Charity number (if applicable): | | |
| Is your organisation included on the S41 list? | | Yes / No **(please delete)** |
| Does your college / umbrella organisation also run a school/schools | | Yes / No **(please delete)** |
| Is your organisation part of a Multi-Academy Trust? | | Yes / No **(please delete)** |
| If yes, what is the name of the MAT? |  | |

|  |  |
| --- | --- |
| Do you have any additional sites registered separately with Ofsted / Estyn? | Yes / No (please delete) |
| If yes, would you like these to be listed separately on our [website](https://natspec.org.uk/colleges/specialist-colleges/) and in our [directory](https://online.anyflip.com/ylfj/ybbt/mobile/index.html#p=1) for an additional fee (details in payment section)? | Yes / No (please delete) |

Provision information

|  |  |  |
| --- | --- | --- |
| Briefly describe your provision and the students you support: | | |
| If not included above, please provide: | | |
| Age range your provision caters to | From: | To: |
| Provision type | Day / Residential / Both **(please delete)** | |
| How long is your college course (in weeks per year) |  | |
| Do you allow learners to start anytime other than September? | Yes / No **(please delete)** | |
| If yes, what start times do you allow? |  | |

Funding information

|  |  |
| --- | --- |
| Is your organisation funded by the ESFA? | Yes / No (please delete) |
| Is your organisation funded by the Welsh government? | Yes / No (please delete) |
| Do you receive other funding for international students? | Yes / No (please delete) |
| If your provision is in England, from how many local authorities do you receive High Needs funding? |  |
| Please list your main LAs: | |

Contact details

|  |
| --- |
| **Mailing list and briefings** |
| Which colleagues would you like adding to our mailing lists for fortnightly CEO member briefings and Natspec News? (People can be added/removed at any time by emailing [comms@natspec.org.uk](mailto:comms@natspec.org.uk)).  Please note: heads of college will be automatically added.  **Please provide email addresses:** |

The details provided below will be added to our CRM database and used for sharing relevant news / information including member forum invitations where applicable.

Please add the most relevant person in each category, even if they are duplicate contacts. **The principal will be used where no-one else is provided.**

|  |  |
| --- | --- |
| **Chief Executive (if applicable)** | |
| Contact Name: | Email: |
| **Principal (Head of College)** | |
| Contact Name: | Email: |
| **Admin/PA** | |
| Contact Name: | Email: |
| **Invoices** | |
| Contact Name: | Email: |
| **Education** | |
| Contact Name: | Email: |
| **English coordinator** | |
| Contact Name: | Email: |
| **Maths coordinator** | |
| Contact Name: | Email: |
| **Assistive technology** | |
| Contact Name: | Email: |
| **Technology (IT/Infrastructure)** | |
| Contact Name: | Email: |
| **Management information and ILR/census returns** | |
| Contact Name: | Email: |
| **Sports** | |
| Contact Name: | Email: |

The details provided below will be added to our CRM database and used for sharing relevant news / information including member forum invitations.

|  |  |
| --- | --- |
| **Member forums**  Natspec holds member discussion / networking forums up to 3 times per year on the below themes. Please provide contact details of the person(s) most appropriate to attend. The principal will be used where no-one else is provided. | |
| **Admissions** | |
| Contact Name: | Email: |
| **Care** | |
| Contact Name: | Email: |
| **Designated Safeguarding Lead** | |
| Contact Name: | Email: |
| **Employment (/Work placement coordinator)** | |
| Contact Name: | Email: |
| **Finance and funding** | |
| Contact Name: | Email: |
| **Human Resources** | |
| Contact Name: | Email: |
| **Marketing / Communications** | |
| Contact Name: | Email: |
| **Student voice** | |
| Contact Name: | Email: |
| **Therapy** | |
| Contact Name: | Email: |

Current numbers of employees

|  |  |  |
| --- | --- | --- |
|  | **Full time** | **Part time** |
| Teachers |  |  |
| Care staff |  |  |
| Learning support |  |  |
| Other professionals/therapists |  |  |
| All other staff |  |  |

Inspection

|  |  |
| --- | --- |
| Education Inspection - Has your SEND/LDD provision been inspected by Ofsted or Estyn? | Yes / No **(please delete)** |
| If yes, when was your most recent inspection? |  |
| What was the grade for this provision? |  |
| Care inspection - Are you registered with CQC or CSSIW? | Yes / No **(please delete)** |
| If yes, when was your most recent inspection? |  |
| What was the grade for this provision? |  |

Number of students

Please complete the table below, counting the numbers of students who are either funded by the high needs funding system (in England) OR studying on Independent Living Skills courses (in Wales).

|  |  |  |
| --- | --- | --- |
| **Category** | **Student numbers**  **16 - 18** | **Student numbers**  **19-25** |
| Day students |  |  |
| 5 day/38 week or less Residential |  |  |
| 7 day/38 week or less Residential |  |  |
| 7 day/52 week or less Residential |  |  |
| Number of students, apprentices or trainees that are **not** high needs funded/on ILS courses: | | |

Support needs

|  |
| --- |
| What are the key training needs for your staff at present? |
| What are the main areas of concern or challenge for your college at present? |

Payment Information

**Annual membership fees for the period April 1 to March 31 are not subject to VAT.**

For organisations with only one site, or with multiple sites that you are happy to group together on the [website](https://natspec.org.uk/colleges/specialist-colleges/) and [directory](https://online.anyflip.com/ylfj/ybbt/mobile/index.html#p=1), please see below banding:

|  |  |  |
| --- | --- | --- |
| **Band** | **Student Numbers** | **Amount Due** |
| 1 | Under 30 students | £1,750 |
| 2 | 31 – 65 students | £2,950 |
| 3 | 66-100 students | £4,200 |
| 4 | Colleges with 100 plus students | £5,500 |

For organisations with multiple sites that you wish to be treated independently on the [website](https://natspec.org.uk/colleges/specialist-colleges/) and [directory](https://online.anyflip.com/ylfj/ybbt/mobile/index.html#p=1), an additional fee is payable as below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Band** | **Student Numbers (for whole organisation across all sites)** | **Single Ofsted/Estyn registration fee** | **Additional fee for each location with independent Ofsted/Estyn registration** |
| 1 | Under 30 students | £1,750 | £250 |
| 2 | 31 – 65 students | £2,950 | £350 |
| 3 | 66-100 students | £4,200 | £500 |
| 4 | 100+ students | £5,500 | £650 |

**Important note about additional Health Check fees**

Please note that within your first year, we ask all new members to take up our offer of a supportive review by one of our experienced Natspec Transform professional associates. This 2-day health check helps you establish priorities for development and provides you with some suggested next steps. The fee is **£1,200+VAT**, chargeable **after** the report has been shared with you. Reasonable associate expenses accrued as part of these visits will also be passed on to colleges. [More information on health checks can be found on our website](https://natspec.org.uk/services/transform/specialist-fe-quality-health-check/).

Agreement

On behalf of the above-named College, I apply for membership of Natspec. In so doing so, the above-named College undertakes to support and promote the values of Natspec. I hereby confirm that I have read and fully endorse the Natspec values and expectations of members.

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| --- |
| **Purchase order number to be quoted on your invoice (if necessary):** |
| **Invoice email and contact name:** |
| **Signed:**  (electronic signature is accepted) |
| **Date:** |