Membership of the Natspec Transform service

Application Form

**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 college/provider/organisation: | |
| Main Address: | |
| Postcode: | Tel. Number: |
| General email: | Website: |
| Name of umbrella organisation / group (if applicable): | |
| What is your home local authority? | |
| What type of provider are you? (e.g. GFE, Sixth Form College, Welsh FEI, Independent Learning Provider, Adult and Community Learning provider) | |
| What is your legal type? (e.g. Charity, company limited by guarantee, private company, incorporated college) | |
| Charity number (if applicable): | |

|  |  |
| --- | --- |
| Main Contact Name: | |
| Main contact job role: | |
| Main contact email: | Main contact phone: |
| Website link (this will be shared [on the Natspec site](https://natspec.org.uk/colleges/associates/)): | |
| **Please attach a high-quality copy of the logo you’d like on the above webpage when returning this form. It should preferably be minimum 300px width and in either jpeg or png form.** | |

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| Which colleagues would you like adding to our mailing lists for monthly Transform membership briefings and Natspec News? Please give names and emails. ([People can be added/removed at any time](mailto:comms@natspec.org.uk)): |

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| --- |
| Briefly describe your provision and the students you support, including any specialisms your organisation has: |
| If your provision is in England, do you receive High Needs Funding from one or more local authorities? Please list the LA(s) below: |

Number of students

Please complete the table below, only 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).

|  |  |
| --- | --- |
| **Student numbers 16 - 18** | **Student numbers 19-25** |
|  |  |

Number of employees

Please complete the table below, only counting those employees who work with the students counted in the previous question.

|  |  |  |
| --- | --- | --- |
|  | **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? |  |

**Support needs**

|  |
| --- |
| What are the key training needs for your staff at present? |

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

Payment Information

**Membership of the Natspec Transform service costs £500 per membership year** (April 1to March 31).This is not subject to VAT.

**Agreement**

On behalf of the above-named College, I apply for membership of the Natspec Transform service. In so doing, 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](https://natspec.org.uk/about-us/about-natspec/) and expectations of members.

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