



## **DFI Associate – Application Form**

(Note: (1) Please read the attached 'Notes for DFI Associates'

(2) There are three sections to this form: Section A is for organisations only; Section B is for Individuals only and; Section C questions 1-3 are to be filled out by all applicants, questions 4 and 5 are for organisations only. DFI Staff members will be happy to assist with the application process)

### **Section A: Organisations**

(If you are applying as an individual please go to section B)

**A.1) Name of Organisation:** \_\_\_\_\_

**A.2) Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A.3)**

#### **Organisation Details**

**Phone Number:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Website:** \_\_\_\_\_

#### **Contact Person Details**

**Name:** \_\_\_\_\_

**Position in Organisation:** \_\_\_\_\_

**Phone (Landline):** \_\_\_\_\_

**Phone (Mobile):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**A.4) Status:** (please tick where appropriate)

**Voluntary**

**Statutory**

**Private / For Profit**

**Other:**

**A.5) Briefly describe the size and scale of the organisation:**

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**No of Employees:** \_\_\_\_\_ **Annual Income:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**A.6) Foundation Date:** \_\_\_\_\_

**Section B: Individuals**

**B.1) Full Name:** \_\_\_\_\_

**B.2) Address:** \_\_\_\_\_

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**B.3) Contact Details**

a) **Phone (Landline):** \_\_\_\_\_

b) **Phone (Mobile):** \_\_\_\_\_

c) **Fax:** \_\_\_\_\_

d) **Email:** \_\_\_\_\_

**Section C:**

(1-3 to be completed by all applicants, 4-5 to be completed by organisations only)

**C.1) Please set out briefly the reasons for seeking to become a DFI**

**Associate:**

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**C.2) How do you consider that you can assist the work of DFI:**

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**C.3) How do you consider that DFI can support you:**

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**For Organisations Only:**

**C.4) Primary business / activity areas of the organisation:**

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**C.5) Does your organisation have any current involvement or engagement relating to disability?**

Yes

No

**If yes, please outline:**

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Please enclose copies of:

- Annual Report for latest year available and or any other documentation that describes the work of the organisation.

On receipt of the application further information may be sought.

I have read the attached 'Notes for applicants to become DFI Associates – Terms and Conditions' and I confirm on behalf of the organisation / as an individual named in the attached application form that the organisation/person is seeking to become a DFI Associate in keeping with the terms and conditions and is willing to abide by the obligations as set out, or as amended from time to time.

*Signed:* \_\_\_\_\_

*On behalf of [organisation name]:* \_\_\_\_\_

*Date:* \_\_\_\_\_

Completed application form and supporting documentation to be returned to:

*Chief Executive Officer,  
Disability Federation of Ireland,  
Fumbally Court,  
Fumbally Lane,  
Dublin 8*