



**DFI Affiliate - Application form**  
Voluntary Disabled Persons' Organisation

(Note: (1) Please read the attached "Notes for applicants to become DFI Affiliate Organisation".  
(2) DFI staff members will be happy to assist with the application process)

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

2) **Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3)

**Organisation Details**

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

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

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

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

**Contact Person Details**

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

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

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

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

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

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

**Limited Company**                      **Company Registration No.** \_\_\_\_\_

**Date when first registered:** \_\_\_\_\_

**Unincorporated Organisation**

5) **Charity Registration Number:** \_\_\_\_\_

**Date when first registered:** \_\_\_\_\_

6) Foundation Date: \_\_\_\_\_

7) Names and Addresses of officers:

▪ Chairperson: \_\_\_\_\_  
\_\_\_\_\_

▪ Vice Chairperson: \_\_\_\_\_  
\_\_\_\_\_

▪ Honorary

Secretary: \_\_\_\_\_  
\_\_\_\_\_

▪ Honorary Treasurer: \_\_\_\_\_  
\_\_\_\_\_

▪ Chief Executive / Director: \_\_\_\_\_  
\_\_\_\_\_

▪ Company Secretary(if Limited Company) \_\_\_\_\_  
\_\_\_\_\_

8) Date of last Annual General Meeting: \_\_\_\_\_

9) Paid Staff:

No. of staff ( if any ) \_\_\_\_\_ Full Time \_\_\_\_\_ Part-Time \_\_\_\_\_

10) Volunteers (if any) \_\_\_\_\_ (Approx. numbers)

Areas of activity \_\_\_\_\_

11) Aims and Objectives: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12) Any recent Organisational Plans – Strategic, Operational, Service etc. produced. (Please give details)**

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**13) Services and Supports undertaken:**

a) **Direct services:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) **Support services, i.e., information, advice, advocacy, representation etc.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c) **Any other activities:** \_\_\_\_\_  
\_\_\_\_\_

**14) Member/Client Group(s) for which services/support are provided:**

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**15) Please set out briefly your reasons for seeking to become a DFI Affiliate Organisation:**

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**16) Is the applicant organisation a member of any other representative / support Organisations:**

Yes  No

**If yes please give details**

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**17) How do you consider that DFI may be of assistance to your Organisation:**

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**18) Please set out briefly the main issues/challenges for your organisation at present:**

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**19) Do you have a regular / occasional Newsletter or similar and if so Title:**

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Please enclose copies of:

- Rules/Constitution or in the case of a Limited Company, Memorandum and Articles of Association.
- Relevant Minutes of Board / Council /Committee recording the decision to apply for Affiliated Organisation status.
- Audited accounts for latest year available.
- Annual Report for latest year available.
- Any other relevant material such as Organisational Plans / Strategies or Publications.

On receipt of the application further information may be sought.

I have read the attached “Notes for applicants to become a DFI Affiliate Organisation” and I confirm on behalf of the organisation named in the attached application form that the organisation is seeking membership in keeping with the terms of the Notes, and is willing to abide by the Affiliate Organisation obligations as set out, or as amended from time to time.

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

*On behalf of:* \_\_\_\_\_

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

Completed application form and supporting documentation to be returned to:

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