**Manchester FA Private Provider Application Form**

To apply for Manchester FA Private Provider Membership, please complete the below form:

**Section 1: Organisation Details**

|  |  |
| --- | --- |
| Name of Organisation: |  |
| Lead Contact: |  |
| Organisation Address & Postcode: |  |
| Contact Telephone: |  |
| Email Address: |  |
| FA Number (FAN): |  |

**Section 2: Coaches Details**

Please list all coaches that currently work for your organisation in the table below (Please insert more rows if necessary):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Coach Name | Coach FA Number (FAN) | DBS Number & Issuing Organisation | FA Safeguarding Children Workshop (Date Achieved) | FA Level 1 Completion Date |
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**Section 3: Welfare Officer**

Please list individuals who are responsible for the welfare of participants within your organisation:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Welfare Officer Name | Welfare Officer FA Number (FAN) | DBS Number & Issuing Organisation | FA Safeguarding Children Workshop (Date Achieved) | FA Welfare Officer Workshop (Date Achieved) | FA Safeguarding for Committee Members (Date Achieved) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Section 4: Participation**

Please provide details of the sessions that you run

|  |  |  |  |
| --- | --- | --- | --- |
| Venue (Including Address) | Day | Coach(s) delivering the Session | Number of Participants |
|  |  |  |  |
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**Section 5: Policies**

**Insurance**

Please attach a copy of your Public Liability Insurance up to the value of £10,000,000 to your application form.

**Organisational Structure**

Please provide a copy of your organisational structure that displays shows clear reporting lines.

**Safeguarding**

Safeguarding is at the heart of what we do and it’s paramount within football provision in Greater Manchester.

It is our expectation that private providers will at all times act in the best interest of children and young people under the age of 18. The welfare of children and young people must always be paramount.

Please provide copies of the following documents:

* Safeguarding Children & Vulnerable Adults Policy
* Safeguarding Codes of Conducts
* Safer Recruitment Policy

**Section 6: Business Bank Account**

Please provide the details of your Business Bank Account including Bank Name and Address.

**Section 7: Declaration**

By signing this declaration our organisation agrees to:

* Commit to the requirements of Manchester FA’s Private Provider membership
* Commit to ensure that all staff and coaches that are delivering sessions are listed with Manchester FA and adhere to all safeguarding requirements including having an in-date FA DBS
* All information provided in this application is accurate to the best of our knowledge
* Understand that if any of the required criteria is met or information is inaccurate then our Private Provider membership may be removed.

|  |  |
| --- | --- |
| Name |  |
| Role |  |
| Signed |  |
| Date |  |

Please return your completed form to [membership@manchesterfa.com](mailto:membership@manchesterfa.com) If you have any questions please contact Joel Buckle on [membership@manchesterfa.com](mailto:membership@manchesterfa.com) or 0161 225 1966.