

Charity Formation Questionnaire

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CONTACT DETAILS

Title:	
First Name:	
Surname:	

MAIN ADDRESS (REGISTERED OFFICE)

Number:	
Address 1:	
Address 2:	
Town:	
County:	
Postcode:	
Country:	

BRIEF HISTORICAL DETAILS

Date Started (mm/yy):	
Area Covered:	
Number of Staff:	
Number of Members/ Supporters:	

MAIN ACTIVITIES CARRIED OUT (OBJECTS)

List Current and Intended	
Activity 1:	
Activity 2:	
Activity 3:	
Activity 4:	
Activity 5:	
Activity 6:	
Activity 7:	
Activity 8:	
Activity 9:	
Activity 10:	

PUBLIC BENEFIT

To meet the public benefit test, please consider the following:
1. What are the benefits that arise from your organisation's aims?
2. Is there any detriment or harm that, in your view, might arise from carrying out your organisation's aims: Are you aware of any widespread views among others that such detriment or harm might arise?
3. Who do your organisation's activities aim to benefit?
4. If the benefit is to a section of the public, how are the beneficiaries defined or what restrictions are there on who can have the opportunity to benefit?
5. Does anyone receive any private benefits from your organisation, other than as a beneficiary? If so, what benefits do they receive? Are those benefits incidental?

REMUNERATION

Following changes to the Charity law it is now possible for a Trustee to be paid for their services to the Charity, but not for being a Trustee.	Yes/ No
Will a Trustee be remunerated for their services to the Charity?	
Will a person connected (related) to a Trustee be paid by the Charity? If the answer is yes, we will need to discuss this further with you!	

CHILD PROTECTION/VULNERABLE ADULTS

Following changes in the law, please answer the following questions:	Yes/No
Do you work with children?	
Do you require information about a Child Protection Policy?	
Do you work with vulnerable adults?	
Do you require information about a Vulnerable Adults' Policy?	
Do you have a Child Protection Policy?	
Do you have a Vulnerable Adults' Policy	
Was this drawn up specifically for your organisation?	
Is it a policy drawn up by a national or umbrella body?	
If yes, which body produced the Policy?	
Has the Policy been adapted to your own personal circumstances?	
CRB CHECKS AND DISCLOSURES	
Have the Trustees been checked by the Criminal Records Bureau?	
Have Employees been checked by the Criminal Records Bureau?	
Have Volunteers been checked by the Criminal Records Bureau?	

Financial Information Required for Charity Set-up**YEAR-END**

Current Annual Income:	£	
Amount raised since the organisation first started:	£	
Is your annual income over £5,000?	Yes/ No	

BRITISH BANK DETAILS

Account Name:	
Number of Signatories:	
Names or Roles of Signatories:	

PAYMENT OPTIONS FOR CHARITY REGISTRATION

Please tick your preferred option	
Half up front with the balance due on completion:	
Standing Order mandate (10 equal payments)	

Please note that the Charity Commission now asks for Trustees to provide telephone numbers and email addresses – where possible. Please also confirm who is to be Chair of the Trustees in the following section:

Proposed Charity Correspondent Details

PLEASE COMPLETE IN FULL

(This information will appear on the Charity Commission website)

CONTACT DETAILS

Title:	
First Name:	
Surname:	
Role:	

CORRESPONDENCE ADDRESS

Number:	
Address 1:	
Address 2:	
Town:	
County:	
Postcode:	
Country:	

Proposed Trustees' Details
PLEASE COMPLETE IN FULL

Chair's details

CONTACT DETAILS

Title:	
First Name:	
Surname:	
Maiden Name:	
Nationality:	
Occupation:	
Telephone No:	
Email Address:	

RESIDENTIAL ADDRESS

Number:	
Address 1:	
Address 2:	
Town:	
County:	
Postcode:	
Country:	

CONTACT DETAILS	
Title:	
First Name:	
Surname:	
Maiden Name:	
Nationality:	
Occupation:	
Telephone No:	
Email Address:	
RESIDENTIAL ADDRESS	
Number:	
Address 1:	
Address 2:	
Town:	
County:	
Postcode:	
Country:	

CONTACT DETAILS	
Title:	
First Name:	
Surname:	
Maiden Name:	
Nationality:	
Occupation:	
Telephone No:	
Email Address:	
RESIDENTIAL ADDRESS	
Number:	
Address 1:	
Address 2:	
Town:	
County:	
Postcode:	
Country:	

CONTACT DETAILS	
Title:	
First Name:	
Surname:	
Maiden Name:	
Nationality:	
Occupation:	
Telephone No:	
Email Address:	
RESIDENTIAL ADDRESS	
Number:	
Address 1:	
Address 2:	
Town:	
County:	
Postcode:	
Country:	

CONTACT DETAILS	
Title:	
First Name:	
Surname:	
Maiden Name:	
Nationality:	
Occupation:	
Telephone No:	
Email Address:	
RESIDENTIAL ADDRESS	
Number:	
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Address 2:	
Town:	
County:	
Postcode:	
Country:	

	Yes/ No
Are the Trustees to be sole members of the Company?	

IMPORTANT INFORMATION

Where possible to help us with your application to the Charity Commission please email or post the following:

- Copies of any publicity material
- Vision statement
- Statement of income/expenditure
- Is funding dependent on charity status?
- Details of funding/ pledges
- Copy of a recent bank statement or letter confirming details
- Accounts

ANTI-MONEY LAUNDERING REQUIREMENTS:

Please provide Photo ID for each Trustee/Director and proof of residency for example: A photocopy of a Driving Licence or a Passport and recent utilities bill

(There are legal restrictions on the copying of passports. Photocopies of passports should be in black and white and limited to the personal details pages)

We appreciate that this information is confidential and confirm that Independent Examiners Ltd will process this information in accordance with the Data Protection Act 1998. To fulfil our regulatory obligation, we will retain copies of your records for no longer than is necessary or for the duration of any contract you may enter into. If you have any concerns please do contact us.

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