**International Guide Dog Federation (IGDF)**

Company no: 2376162. Registered Charity no: 1062441

**MEMBERSHIP APPLICATION**

THIS APPLICATION FORM IS TO BE COMPLETED IN ENGLISH

I hereby apply for Membership of The International Guide Dog Federation (“IGDF”) on behalf of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Organisation/Foundation

I hereby confirm that:

1. The Organisation has produced a minimum of 10 working guide dog teams (Guide Dog and User).

1. The Organisation is fully aware of the current IGDF standards and the Organisation meets all of the IGDF standards.

1. The Organisation is prepared to undergo an assessment by an accredited IGDF Assessor chosen by the IGDF Accreditation Committee.
2. The Enrolment Fee of £500 will be paid upon receipt of an invoice.
3. An initial assessment fee of a further £500 will be paid upon receipt of an invoice.

|  |  |
| --- | --- |
| Signed: |  |
| Name in Full: |  |
| Status (Title): |  |
| For and on behalf of:(Name of Organisation/Foundation) |  |
| Date: |  |

FORM A – DETAILS OF ORGANISATION

|  |  |  |
| --- | --- | --- |
| 1. | Name of Applicant: |  |
|  | Position:  |  |
|  | Address: |  |
|  |  |  |
|  |  |    |
|  | Post Code: |  |
|  | Country: |  |
|  | Telephone Number:(include Country Code) |  |
|  | Email address:  |  |
|  | Website: |  |
|  | Second contact name: |  |
|  | Second contact telephone number: |  |
|  | Second contact email address: |  |
|  | Have you previously applied for Membership of the IGDF?If Yes, when? | **YES / NO** |
| 2. | Date of legal entity/ incorporation: |  |
|  | Legal Status eg. Registered charity, not for profit, incorporated, for profit. |  |
|  | Registration Number (where applicable) |  |

|  |  |
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|  | **\*\* PLEASE PROVIDE A COPY OF THE ORGANISATION’S CERTIFICATE OF INCORPORATION \*\*** |
| 3. | Does the State give direct funding to any organisations supplying Guide Dogs? | YES / NO |
|  |  |  |
|  | If yes, does your organisation receive direct State funding for its operations? | **YES / NO** |
|  |  |  |
| 4. | Does the State give financial assistance to blind persons for the acquisition of Guide Dogs? | **YES / NO** |
|  |  |  |
|  | If yes, is your organisation approved by the State for that purpose? | **YES / NO** |
|  |  |  |
| 5. | How many establishments do you operate? (**Note:** Please complete a separate ‘Form B’ for each establishment) |  |

**FINANCE**

|  |  |  |
| --- | --- | --- |
| 6. | What charges, if any, do you make to Clients for the training and supply of a Guide Dog and other services? |  |
|  | To what extent does the Client receive funds from elsewhere to cover these charges? |  |
| 7. | If you are a for profit organisation, who is entitled to any ultimate excess of annual receipts over expenditure? |  |
|  |  |
| 8a. | Please provide details of your organisation’s expenditure under the following headings for each of the last five years. Please indicate where figures are estimates.What currency are the figures in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
|  | Year Ending |
|  | 2022 | 2021 | 2020 | 2019 | 2018 |
| Training and animal care |  |  |  |  |  |
| Administration (includingpremises) |  |  |  |  |  |
| Fundraising |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |
| Total Expenditure |  |  |  |  |  |

|  |  |
| --- | --- |
| 8b. | Please provide details of your organisation’s annual income under the following headings for each of the last five years. Please indicate where figures are estimates.What currency are the figures in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
|  | Year Ending |
|  | 2022 | 2021 | 2020 | 2019 | 2018 |
| Voluntary donations and legacies |  |  |  |  |  |
| Investment |  |  |  |  |  |
| Government funding |  |  |  |  |  |
| Charges for services |  |  |  |  |  |
| Total Income |  |  |  |  |  |

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| 9. | Please provide a copy of your most recent annual report, financial statements and any other literature. |

**BREEDING AND TRAINING**

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| --- | --- | --- |
| 10a. | How many graduate guide dog teams trained by your organisation are currently working? |  |
|  |  |  |
| 10b. | Does your organisation give support: |  |
|  |  |  |
|  |  For feeding? |  |
|  |  |  |
|  |  For veterinary expenses? |  |
|  |  |  |
|  |  By providing aftercare? |  |
|  |  |  |
|  |  Any other reason? |  |
|  |  |  |
| 11. | Who, if anyone, gives support to Clients graduated by your organisation where this is not provided by your organisation? |  |
|  |  |  |
| 12. | On average, how many times per year does a representative from your organisation see a Client for aftercare? |  |
|  |  |  |
| 13. | If you have a breeding programme over the last five year how many puppies did you breed?  |  |
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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Puppies Bred Year Ending: | 2022 | 2021 | 2020 | 2019 | 2018 |
|  |  |  |  |  |  |

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| 14. | What percentage of dogs trained were not bred by your organisation over the last five years? |  |
|  |  |  |
| 15. | Does your organisation have a puppy raising programme? | YES / NO |
|  | If yes, annually approximately how many puppies are in your program? |  |
|  |  |  |
| 16. | What are the main breeds you use for training? |  |
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17. Please include below a short note generally describing the growth of your operation over the last five years and giving plans for development over the next two years.

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PARTICULARS OF ESTABLISHMENT

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| --- | --- | --- |
| 18. | Does the Establishment consist of more than one self-contained site? If yes, complete form B for each site you have.  |  |
| 19. | Number of employees in each of the last five years: |

|  |  |
| --- | --- |
|  | Year Ending |
|  | 2022 | 2021 | 2020 | 2019 | 2018 |
| Instructors & animal services |  |  |  |  |  |
| Administration  |  |  |  |  |  |
| Fundraising |  |  |  |  |  |
| Total  |  |  |  |  |  |

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| 20. | If you conduct residential training at your organisation, how many clients can be accommodated at any one time? |  |

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| 21. | How many hours of training do you give to a Client? |
|  | Before supplying the guide dog? |  |
|  | During class training? |  |
|  | Within one year after graduation? |  |

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| 22. | In each of the last five years: |

|  |  |
| --- | --- |
|  | Year Ending |
|  | 2022 | 2021 | 2020 | 2019 | 2018 |
| How many guide dogs have been supplied to Clients? |  |  |  |  |  |
| How many Clients have been trained totally residentially? |  |  |  |  |  |
| How many Clients have been trained partly residentially and partly at home? |  |  |  |  |  |
| How many Clients have been trained totally at home? |  |  |  |  |  |

NOTES

* Please send a copy of your organisation’s Constitution/By-Laws, Registration Certificate, Official Number (as applicable) and give official status, for example, Company, Charity, Partnership, Association, etc.
* An Establishment is a geographically distinct establishment, the chief purpose of which is the training of Guide Dogs and the training of Blind persons in the use of Guide Dogs and/or training of Guide Dog Mobility Instructors for such purposes.

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| CHECKLIST (Please ensure you include the below with this Application Form): |
|  |  |  |  |  |
| 1. | A copy of the Organisation’s Certificate of Incorporation. |  |  |  |
|  |  |  |  |  |
| 2. | A copy of the Organisation’s most recent annual report / financial statement. |  |  |  |
|  |  |  |  |  |
| 3. | A copy of the Organisation’s Constitution (Memorandum and Articles of Association) |  |  |  |
|  |  |  |  |  |
| 4. | A copy of the Organisation’s Registration Certificate. |  |  |  |
|  |  |  |  |  |
| 5. | A copy of the Organisation’s Official Number Registration. |  |  |  |
|  |  |  |  |  |