**Nottingham Street Aid referral agency registration form**

- to be completed by voluntary sector organisations.

Organizations must register in this way before they can apply for funds from Nottingham Street Aid

Please complete and submit this form by emailing to: Nottingham@streetsupport.net

Referring Organisation Name and Address Details

|  |  |
| --- | --- |
| **Name of your organisation** |  |
| **Address of your organisation** |  |
|  Street |  |
|  Town/City |  |
|  Postcode |  |
| **Website** |  |
| **Telephone** |  |

What is the structure of your organisation?

Select as many as appropriate

|  |  |
| --- | --- |
| **A registered charity**  | Y/N |
|  Charity number |  |
| **Community interest company** | Y/N |
| **Unincorporated club or association** | Y/N |
| **Company limited by guarantees** | Y/N |
| **Other-give details** |  |

Contact details for applications to Nottingham Street Aid

These are the details that will be used for call correspondence purposes.

|  |  |
| --- | --- |
| **Role/Job title** |  |
| **Phone** |  |
| **Email** |  |
| **Use organisation's address for correspondence** | Y/N |