



**BRITISH PAIN SOCIETY
SPECIAL INTEREST GROUP APPLICATION FORM**

Part I

1. NAME OR PROPOSED NAME OF SPECIAL INTEREST GROUP

.....

2. NAME OF CHAIRMAN OR PROPOSED CHAIRMAN

.....

3. NAME OF ALL OTHER OFFICERS (AND OFFICE HELD)

Name:..... Office held:

Name:..... Office held:

Name:..... Office held:

Name: Office held:

4. LIST 25 MEMBERS' OR PROPOSED MEMBERS' NAME – PLEASE ATTACH

(It is not necessary for all 25 supporters of the application to sign the same letter. Signatures may be forwarded to the Secretariat individually by means of a SIG membership application form available on the website)

5. DO YOU HAVE A GOVERNING DOCUMENT? IF YES, PLEASE ATTACH

.....

6. DO YOU HAVE A CURRENT CHARITABLE STATUS (Please give charity registration number)

.....

7. NATURE OF SPECIAL INTEREST

.....

8. DESCRIPTION OF ACTIVITIES AND SCIENTIFIC FOCUS

.....

.....

.....

9. INSURANCE ARRANGEMENTS (Professional Indemnity/Public Liability)

.....



Part II

If you already operate as a Group, please provide the following information about your activities up to now. If you do not, please go to Part III.

1. Bank account (if any)

Name.....

Current balance

2. A list of all **contracts** entered into (together with copies – if there is no written contract, supply copies of any correspondence, invoices, orders, specifications, schedules of costs). These would include contracts with funders, users of your services, agents or suppliers of services to you.

If you have a relationship with any person for services or goods, which is not documented, please explain the parties and terms of the relationship.

.....
.....
.....
.....
.....
.....

3. Details of any **staff** employed by your Group.

.....
.....

4. List of any assets.

.....
.....

5. **Gross Income** in last 12 months (or last financial year) and how this was generated (e.g. from grants, Group membership fees or sales of services).

.....
.....



6. **Total expenditure** in last 12 months (or last financial year).

.....
.....

7. **Amount of reserves** (if any).

.....
.....

8. Are you registered under the **Data Protection Act**? Yes / No (delete as applicable)

9. Identify any **data or database** held or compiled by your Group or by a third party on your behalf (if applicable).

.....
.....
.....

10. **If you have issued any material electronically or in hard copy**, please provide copies and confirm who owns the copyright in it.

.....
.....
.....

11. Do you require any **licences** for your activities? e.g. software licences.

.....
.....
.....



Part III

Please provide a budget showing:

1. Period covered by budget (which should start from anticipated operation as a Special Interest Group).
2. Proposed income (and how this will be generated e.g. from grants, Group membership fees or sales of services).
3. Proposed expenditure.
4. Any contracts, orders or arrangements which would be required with third parties.
5. Whether any staff required (and who would employ them).
6. Any permissions or consents needed from third parties.

We, who are all the officers or proposed officers of the above Special Interest Group (or proposed Group), apply to be considered by the Council of the Society for incorporation in the Society as a Special Interest Group of the Society or for approval as an Affiliated Special Interest Group of the Society.

If the Council of the Society decides that our Group should be incorporated as a Society Special Interest Group or approved as an Affiliated Special Interest Group of the Society, our application is conditional upon one of our officers confirming on the Group's behalf that the Group wishes to be so incorporated or approved subject to the Regulations of the Society and any terms and conditions set by the Society Council. We accept on behalf of the Group that if we do not give such confirmation the Ordinary Members and Honorary Members of the Group have no entitlement to hold themselves out or operate as a Society Special Interest Group or an Affiliated Special Interest Group of the Society.

..... Office held:.....

..... Office held:.....

..... Office held:.....

..... Office held:.....

Dated:

Please return completed application to:

The Honorary Secretary
The British Pain Society, Third Floor, Churchill House, 35 Red Lion Square, London WC1R 4SG