**Partner Registration Form**

**London Borough of Tower Hamlets Residents Support Scheme**

**Please complete all sections of this registration Form.**

**Return by email to: lwp.feedback@northgateps.com**

1. Please provide details of the organisation.

|  |  |
| --- | --- |
| Organisation Name |  |
| Organisation Name as it will appear on web partner list (limited to 40 characters) |  |
| Does the organisation trade/work under any other names? (please state) |  |
| Advice Type & services provided (E.g., Citizens Advice Bureau, Housing Benefits, Family Intervention, etc.) |  |
| Address |  |
| Email |  |
| Contact Telephone Number |  |
| Website |  |

1. Please provide details of your organisation’s coverage in London  **(Please tick)**

|  |  |  |
| --- | --- | --- |
| **Which geographical areas of London does your organisation cover?** | **All London boroughs** |  |
| **Local authority area** |  |
| **Local level** |  |
| **Other** |  |
| **Please state which Local Authority you are based within:** | **Tower Hamlets** | |
| **If Local level – please state which local areas your organisation covers:** |  | |

1. Please provide details of the main contact at this organisation.   
   (This will be used as a main contact for the organisation and for all communications, by providing this contact information you agree to be contacted with any updates)

|  |  |
| --- | --- |
| Name |  |
| Role |  |
| Telephone Number |  |
| Email |  |

1. Please confirm which services your partner organisation is able to offer:  **(please tick all that apply)**

|  |  |
| --- | --- |
| We are able to signpost potential applicants by providing the details of the online application and local-rate application number. |  |
| We are able to support potential applicants by providing free access to a landline and/or free computer access in some or all of our locations to ensure potential applicants can access the Residents Support Scheme. |  |
| We are able to support potential applicants by providing guidance & support with the application process either in our offices or through outreach work in the community. |  |
| We are able to complete applications on behalf of potential applicants and support them through the application process, either in our offices or through outreach work in the community. \*  \*By ticking this box – we will generate a partner code for you to use when you apply on behalf of your clients. This means you will also need to complete a staff verification list with your partner registration form. |  |
| Other services we can offer as a partner organisation are: (please state) |  |

1. We ask all partners to commit to the following communication pledge:  **(Please tick each to confirm)**

|  |  |
| --- | --- |
| **This organisation will utilise the organisation’s existing internal communication channels to ensure all appropriate staff are fully aware of the Residents Support Scheme and will include RSS information into any appropriate internal training opportunities** |  |
| **This organisation will utilise the organisation’s existing external communication channels to ensure information about the Residents Support Scheme reaches and informs our customers.** |  |
| **I give permission for the Residents Support Scheme to hold partnership records on behalf of the organisation and as the main contact, I agree to be contacted about RSS updates and be involved in an annual review. (All records will be held in accordance with GDPR)** |  |

1. Please can you confirm the following ethical information:  **(Please tick each to confirm)**

|  |  |
| --- | --- |
| **This organisation will not charge potential applicants for the signposting or support service it offers nor will it sell other services as part of the support offered** |  |
| **This organisation is committed to equal opportunities and will provide an open and easily accessible service to all potential applicants.** |  |

1. I confirm the information which I have provided on behalf of the organisation is up to date and accurate. I am authorised by my organisation to commit to this partnership arrangement.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date |  |