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**REPLACING AN UNINCORPORATED RDA GROUP WITH A CHARITABLE INCORPORATED ORGANISATION (SCIO)**

**OSCR REQUIRED INFORMATION**

**Please complete sections marked with a blue asterisk (\*)**

**Any Sections Completed in red are standard RDA answers and are included for your information, please read all this form carefully.**

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| --- | --- |
| **1.0 Name of Group** | **\*** |
| **1.1 Other Name(s) or Acronym** | **\*** |
| **1.2** **Name and address of Group Member to whom correspondence should be sent about this application** | **Full Name:\*****Address:\*****Postcode: :\*****Tel No: \*****E-Mail:\*** |
| **DATA PROTECTION STATEMENT** |
| *OSCR processes information only in accordance with its regulatory functions under the Charities and Trustee Investment (Scotland) Act 2005 (the 2005 Act), and to inform research into the charity sector in Scotland. Any information you give us will be held securely and in accordance with the rules on data protection. Information may be shared with other regulatory bodies including HMRC, and if your application to become a charity is successful, certain information will appear on the Scottish Charity Register. Further information about data protection is available on the OSCR website on our*[*Privacy Policy*](https://www.oscr.org.uk/privacy)*page and in our application specific*[*Privacy Notice*](https://www.oscr.org.uk/media/3201/2018-05-15-gdpr-online-application-privacy-notice-pdf-va2112442.pdf)*.**I AGREE WITH THIS STATEMENT:* **\*** |
| **ORGANISATION DETAILS** |
| **PROPOSED LEGAL NAME** | **\*** |
| **English Translation (If applicable)** |  |
| **Any other name by which the organisation will be known:**For example, the organisation may wisht o operate under an acronym or shorter ‘trading name’ |  |
| **Does the organisation have a parent charity?** | No |
| **Is the organisation registered with any other Regulators** | Yes Other Riding for the Disabled AssociationRegistered in England & ScotlandSC039473 |

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| **THE ORGANISATION’S LEGAL FORM** |
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| **PLEASE CHOOSE THE LEGAL FORM AND TYPE OF GOVERNING DOCUMENT** | *SCIO –* *The Organisation’s governing document is a SCIO Association Constitution* |
| ***PLEASE ENSURE YOU SUBMIT THIS PAPERWORK WITH YOUR NEW SCIO GOVERNING DOCUMENT.*** |
| **MEMBER NAMES** |
| *Insert two members names (*a member must be a person, if your SCIO will begin with more than the two members named here, please supply their details later in the document*)* |
| **Member 1 Full Name:** | **\*** |
| **Member 2 Full Name:** | **\*** |
| **PRINCIPLE CONTACT DETAILS** |
| The Principal Contact is the person who will act as the main point of contact for the charity with OSCR.  If your application is successful a contact address will need to go on the Scottish Charity Register.  This can be:a) the address of the principal office of the charity or,b) if the charity does not have a principal office the name and address of one of the charity trusteesIf you are a SCIO this address must be in Scotland and will always be known as the Principal Office. |
| **Name and address of Principle Contact Details:** | **Full Name:\*****Position in the organisation: \*****Address:\*****Postcode: :\*****Tel No: \*****E-Mail:\*** |
| **Is this address the (please select):**  |  | **Principle Office** |
|  | **Trustee Address**  |
| **The principal office address of the charity, or the name and address of a charity trustee will be published on the Scottish Charity Register unless doing so is likely to jeopardise the safety or security of any person or premises. Does this apply to your organisation?** |  | **Yes** | **If yes, please supply your reasons:** |
|  | **No** |
| **Website** | ***\**** |
| **Email Address**  | ***\**** |
| **Second Email Address (if applicable)** | ***\**** |
| **Main Telephone Number**  | ***\**** |
| **Facebook Address (if applicable)** | ***Y*** |
| **Twitter Address (if applicable)** | ***\**** |
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| **OTHER REGULATORS** |
| **Are you registered with any of the following regulators:-*** **Ofsted**
* **Care Quality Commission**
* **Financial Conduct Authority**
* **Home and Communities Agency**
* **Care and Social Inspectorate Wales**
* **HM Inspectorate of Education and Training in Wales**
* **Wesh Government (Social Landlords and Housing)**
* **Health Inspectorate Wales**

**If so, please provide Regulator numbers** | ***Y/N*** |
| **Do you have a gift aid number from HMRC?****If yes, what is your gift aid number?** | ***Y/N******\**** |
| **INCOME AND BANK DETAILS*****Please attach the latest accounts for the registered charity you are replacing*** |
| **Estimated gross annual income** | ***\**** |
| **Year to date income** | ***\**** |
| **Does the organisation have a bank account? If so, is the main account a Bank or Building Society account?** | ***\**** |
| **If a Bank, please provide the following:-*** **Sort Code**
* **Bank Name**
* **Account Number**
* **Account name**
 | ***\**** |
| **If a Building Society, please provide the following:-*** **Building Society name**
* **Account/Roll no**
* **Account name**
 | ***\**** |
| **Next financial year end date**  | ***\**** |
| **Please explain how the organisation is or will be funded in the future (select all that apply)*** **Public donations**
* **Legacies**
* **Other trading activities**
* **Investments**
* **Grants**
* **Charging for services**
* **Corporate donors**
* **Commercial sponsor**
* **Working with professional fundraising consultants**
* **Loans from any source**
* **Funding from interest and return on endowments**
* **Sale of assets**
* **Other**
 | ***\**** *If charging for services – Advise the group’s charges and state if they are lower than the average commercial rate (if they are) with a comparison. If you can offer more details about concessionary schemes in place, this would be useful, but not essential that you have a formal concession Policy**If any of the other forms of fundraising are used, please supply full details, PLEASE NOTE, if this is the case, we may need to obtain further details from you.* |
| **Other than Public Donations that are eligible for Gift Aid, do the Trustees intend that the proposed Charity will take part in any other arrangement which might reduce the amount of tax payable by any other person?****If Yes, please give more details:** | ***For example: gifts of land, property or shares that may reduce taxes paid by the donor (see Charity Commission guidance*** [***www.gov.uk/government/publications/charity-tax-reliefs-guidance-on-charity-commission-policy/charity-tax-reliefs-guidance-on-charity-commission-policy***](http://www.gov.uk/government/publications/charity-tax-reliefs-guidance-on-charity-commission-policy/charity-tax-reliefs-guidance-on-charity-commission-policy)***)*** ***Y/N******\**** |
| **Is it intended that the organisation will hold any funds or assets in overseas investment companies or trusts?****If Yes, please give more details:** | ***Y/N******\**** |
| **EMPLOYMENT** |
| **Does or is it likely the organisation will employ:*** **A trustee**
* **Its founder**
* **A person related to a trustee**
* **A person related to the founder**
* **An organisation connected to a trustee**
* **An organisation connected to the founder**
 | ***\**** |
| **If yes, please provide the following details:-*** **Who is or will be employed by the organisation?**
* **What is or will this person/organisation be employed to do?**
* **How much is or will this person/organisation be paid?**
* **What is their relationship to the organisation?**

**Trustee*** **Founder**
* **Person related to a trustee**
* **Person related to a founder**
* **Organisation connected to a trustee**
* **Organisation connected to the founder**

**Please attach a copy of the minutes of the meeting where each of the employments listed above were agreed. This might be one document or multiple.** | ***\**** |
| **GOODS OR SERVICES** |
| **Does or is it likely the organisation will buy goods or services from:*** **A trustee**
* **Its founder**
* **A person related to a trustee**
* **A person related to the founder**
* **An organisation connected to a trustee**
* **An organisation connected to the founder**
 | ***\**** |
| **If yes, please provide the following details:-*** **Who does or will receive payment for providing goods or services to the organisation?**
* **What goods or services does or will this person/ organisation provide to the organisation?**
* **How much does or will this person/organisation receive for providing goods or services?**
* **What is their relationship to the organisation?**
* **Trustee**
* **Founder**
* **Person related to a trustee**
* **Person related to a founder**
* **Organisation connected to a trustee**
* **Organisation connected to the founder**

**Please attach a copy of the minutes of the meeting where this was agreed for each of the people/ organisations listed above were agreed. This might be one document or multiple.** | ***\**** |
| **OTHER PERSONAL BENEFITS** |
| **Are there any close links which the organisation has, or is likely to have, with any other person or body, which might be relevant to the work of the organisation?****This would include:*** **Any contract or relationship with a value which represents a significant proportion of the organisation’s income or expenditure**
* **Any directorship, trusteeship, shareholding, membership interest or partnership held by the organisation or by any of the trustees;**
* **Any position of political or public authority held by any of the trustees;**
* **Any other arrangement or circumstance which might give rise to a conflict of interest for one or more of the trustees.**
 | ***\**** |
| **If yes, please provide the following details:-*** **Who does or will receive other personal benefits?**
* **Please provide full details of all personal benefits received by this person/ organisation?**
* **What is their relationship to the organisation?**
* **Trustee**
* **Founder**
* **Person related to a trustee**
* **Person related to a founder**
* **Organisation connected to a trustee**
* **Organisation connected to the founder**

**Please attach a copy of the minutes of the meeting where this was agreed for each of the people/ organisations listed above were agreed. This might be one document or multiple.** | ***\**** |
| **CONNECTIONS** |
| **Is the organisation linked to, or has it been established by a non-charitable organisation?**  | *No* |
| **If yes, what connection will exist between the work of the non-charitable organisation and the commercial body?** | *N/A* |
| **How will the work of each be complimentary?** | *N/A* |
| **How will the work of the two bodies be separated and distinguished?** | *N/A* |
| **How will the independence of the charity be maintained?** | *N/A* |
| **Please attach any additional information that explains this connection** (optional) | *N/A* |
| **MANAGING RISKS** |
| **Does the organisation work with children or vulnerable people?** | *Yes* |
| **Please confirm the trustees have read, understood and are following the Charity Commission’s**  |  *Trustees have read, understood and are following the Charity*  *Commission’s safeguarding guidance (incorporated with RDA safeguarding policy)****Please tick*** |
| **TRUSTEE NUMBERS** |
| **How many trustees does the organisation currently have?** | ***\**** |
| **What is the minimum number of trustees the organisation’s governing document says it must have?** | *Three* |
| **ADD A TRUSTEE** |
| **Position in the organisation** | *Trustee* |
| **Is the contact for this organisation an individual or an organisation?** | *Individual* |
| **Title** | *\** |
| **First Name(s)** | *\** |
| **Middle Name(s) (optional)** | *\** |
| **Surname** | *\** |
| **Suffix (eg. M.A) (optional)** | *\** |
| **Display Name** | *\** |
| **Has this trustee ever been known by a different name?** | *\** |
| **If yes, please provide all names this trustee has been known as previously** | *\** |
| **Date of Birth** | *\** |
| **Postcode** | *\** |
| **Address Line 1** | *\** |
| **Address Line 2** | ***\**** |
|  | ***\**** |
|  | ***\**** |
| **Telephone number**  | ***\**** |
| **Email address**  | ***\**** |
| **Is this trustee chair of trustees?** | ***\**** |
| **Is this trustee a trustee of another registered charity?****If yes, please provide charity number and name** | ***\**** |
| **Are there any special circumstances that require the trustee’s name to be kept off the public register?** | ***\**** |
| *WARNING AND REMINDER – The Charity Commission will check that this trustee is eligible to act as a trustee and is not otherwise disqualified from acting as a trustee. Full details on what disqualifies a trustee from acting can be found in charity commission guidance* [*https://www.gov.uk/guidance/charity-trustee-disqualification*](https://www.gov.uk/guidance/charity-trustee-disqualification) |
| **Please confirm that this trustee is eligible to act as a trustee of this organisation** |  *I confirm this trustee is eligible to act as a trustee of this organisation* *(Please tick)* |
| **DECLARATION*****If you wish to provide any supplementary documentation to support your application, please provide this with the application.*** |
| **Is there any additional information that the Charity Commission should take into account?** (for example, a critical funding deadline) | ***\**** |
| **If yes, please provide any additional information here** | ***\**** |
| **SUBMITTING YOUR APPLICATION FOR CHARITY REGISTRATION** |
| **Data protection** | *Please see the link on the Charity Commission website regarding what they do with the information they collect* [*https://apps.charitycommission.gov.uk/outreach/dataprotection.ofml*](https://apps.charitycommission.gov.uk/outreach/dataprotection.ofml) |
| **I certify that:****all information provided has been checked by the trustees and is correct and complete to the best of my knowledge****all trustees agree to this submission and have read and accept the commission's privacy terms***It's a criminal offence under section 60 of the Charities Act 2011 for anyone to knowingly or recklessly provide false or misleading information to the commission; this includes suppressing, concealing or destroying documents.* |  *Please tick* |
| **Next steps:**  | *After you submit you'll receive a confirmation email with a PDF summary of the information you've provided. A copy of this will also be emailed to the contact for the organisation and each trustee that provided an email address. You won't be able to change your application once you've submitted it.* |
| **The Charity Commission will contact you if it needs more information. You may need to submit a new application if you haven't provided enough information for the commission to make a decision.** |
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| **ADD A TRUSTEE – PLEASE COPY THIS FORM AS REQUIRED** |
| **Position in the organisation** | *Trustee* |
| **Is the contact for this organisation an individual or an organisation?** | *Individual* |
| **Title** | *\** |
| **First Name(s)** | *\** |
| **Middle Name(s) (optional)** | *\** |
| **Surname** | *\** |
| **Suffix (eg. M.A) (optional)** | *\** |
| **Display Name** | *\** |
| **Has this trustee ever been known by a different name?** | *\** |
| **If yes, please provide all names this trustee has been known as previously** | *\** |
| **Date of Birth** | *\** |
| **Postcode** | *\** |
| **Address Line 1** | *\** |
| **Address Line 2** | ***\**** |
|  | ***\**** |
|  | ***\**** |
| **Telephone number**  | ***\**** |
| **Email address**  | ***\**** |
| **Is this trustee chair of trustees?** | ***\**** |
| **Is this trustee a trustee of another registered charity?****If yes, please provide charity number and name** | ***\**** |
| **Are there any special circumstances that require the trustee’s name to be kept off the public register?** | ***\**** |
| *WARNING AND REMINDER – The Charity Commission will check that this trustee is eligible to act as a trustee and is not otherwise disqualified from acting as a trustee. Full details on what disqualifies a trustee from acting can be found in charity commission guidance* [*https://www.gov.uk/guidance/charity-trustee-disqualification*](https://www.gov.uk/guidance/charity-trustee-disqualification) |
| **Please confirm that this trustee is eligible to act as a trustee of this organisation** |  *I confirm this trustee is eligible to act as a trustee of this organisation* *(Please tick)* |

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| **ADD A TRUSTEE – PLEASE COPY THIS FORM AS REQUIRED** |
| **Position in the organisation** | *Trustee* |
| **Is the contact for this organisation an individual or an organisation?** | *Individual* |
| **Title** | *\** |
| **First Name(s)** | *\** |
| **Middle Name(s) (optional)** | *\** |
| **Surname** | *\** |
| **Suffix (eg. M.A) (optional)** | *\** |
| **Display Name** | *\** |
| **Has this trustee ever been known by a different name?** | *\** |
| **If yes, please provide all names this trustee has been known as previously** | *\** |
| **Date of Birth** | *\** |
| **Postcode** | *\** |
| **Address Line 1** | *\** |
| **Address Line 2** | ***\**** |
|  | ***\**** |
|  | ***\**** |
| **Telephone number**  | ***\**** |
| **Email address**  | ***\**** |
| **Is this trustee chair of trustees?** | ***\**** |
| **Is this trustee a trustee of another registered charity?****If yes, please provide charity number and name** | ***\**** |
| **Are there any special circumstances that require the trustee’s name to be kept off the public register?** | ***\**** |
| *WARNING AND REMINDER – The Charity Commission will check that this trustee is eligible to act as a trustee and is not otherwise disqualified from acting as a trustee. Full details on what disqualifies a trustee from acting can be found in charity commission guidance* [*https://www.gov.uk/guidance/charity-trustee-disqualification*](https://www.gov.uk/guidance/charity-trustee-disqualification) |
| **Please confirm that this trustee is eligible to act as a trustee of this organisation** |  *I confirm this trustee is eligible to act as a trustee of this organisation* *(Please tick)* |

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| **ADD A TRUSTEE – PLEASE COPY THIS FORM AS REQUIRED** |
| **Position in the organisation** | *Trustee* |
| **Is the contact for this organisation an individual or an organisation?** | *Individual* |
| **Title** | *\** |
| **First Name(s)** | *\** |
| **Middle Name(s) (optional)** | *\** |
| **Surname** | *\** |
| **Suffix (eg. M.A) (optional)** | *\** |
| **Display Name** | *\** |
| **Has this trustee ever been known by a different name?** | *\** |
| **If yes, please provide all names this trustee has been known as previously** | *\** |
| **Date of Birth** | *\** |
| **Postcode** | *\** |
| **Address Line 1** | *\** |
| **Address Line 2** | ***\**** |
|  | ***\**** |
|  | ***\**** |
| **Telephone number**  | ***\**** |
| **Email address** | ***\**** |
| **Is this trustee chair of trustees?** | ***\**** |
| **Is this trustee a trustee of another registered charity?****If yes, please provide charity number and name** | ***\**** |
| **Are there any special circumstances that require the trustee’s name to be kept off the public register?** | ***\**** |
| *WARNING AND REMINDER – The Charity Commission will check that this trustee is eligible to act as a trustee and is not otherwise disqualified from acting as a trustee. Full details on what disqualifies a trustee from acting can be found in charity commission guidance* [*https://www.gov.uk/guidance/charity-trustee-disqualification*](https://www.gov.uk/guidance/charity-trustee-disqualification) |
| **Please confirm that this trustee is eligible to act as a trustee of this organisation** |  *I confirm this trustee is eligible to act as a trustee of this organisation* *(Please tick)* |