

## International Programme Evaluation Form

### SECTION 1 of 2

Name of Organization	
Contact Person and Position	
Address (include postal code and country)	
Telephone	Fax
Email	Website
Country of registration and charity number	
Primary purpose(s) of the organization:	

**Please provide the following:**

- ◆ A copy of your organising documents in English [translated if necessary] and in the original language if applicable.
- ◆ Literature about your programmes
- ◆ Your most recent annual report and/or financial statements

**IMPORTANT:** Please confirm the following by ticking each box and indicate on which page in your documentation this is shown, please also highlight the page in your documentation. If any of the following are not confirmed by the documentation you are submitting, please indicate any other ways in which you can provide confirmation.

	Insert page No.	Tick Box
No person or company benefits from the income or assets of the applicant, other than as a recipient of charitable activity.		
The applicant has no shareholders.		
If the applicant were to stop operating, its assets would be distributed to another charitable organization or for similar charitable purposes.		
The applicant does not engage in non-charitable activities.		
The applicant does not lobby (other than as a small part of its overall charitable activities) or participate in political campaigns.		
The applicant is not controlled by any other organization		

Please return the completed form (Sections 1 and 2) and all requested paperwork to the address on page two. Your application will not be considered unless we have all the correct paperwork and the form is fully completed.

Your signature on this Application Form will confirm that your organization agrees to the following:

Agreed and Accepted:

First Signature.....Name.....Job Title.....

Second Signature.....Name.....Job Title.....

Date.....

*Note: One signature must be that of the Chairman or equivalent.*

## Section 2 – Director/Trustee Information

1.  
Full Name.....Job Title.....  
Address.....  
.....Country.....  
Email.....  
Tel (incl area & national code) (1).....(2).....  
How long in this position.....Are you a voting member.....  
The best time for us to contact you.....

2.  
Full Name.....Job Title.....  
Address.....  
.....Country.....  
Email.....  
Tel (incl area & national code) (1).....(2).....  
How long in this position.....Are you a voting member.....  
The best time for us to contact you.....

Please return the form fully completed together with the required documents and the evaluation fee of £100 either by sterling cheque or one of the following methods:

Please debit my Mastercard/Visa/Maestro/CAF Charity Card (delete as applicable) £100.00

Card No: \_\_\_\_\_ Sec Code: \_\_\_\_\_

Start Date or Issue No : (Maestro if applicable) \_\_\_\_\_ End Date: \_\_\_\_\_

Pay Online via PayPal – go to our website: [www.ukfundforcharities.org](http://www.ukfundforcharities.org) and follow the Online Giving Links

By Bank Transfer to Barclays Bank - Account Name: UK Fund For Charities - Sort Code : 20-23-97  
A/C No: 23729745 - IBAN: GB88 BARC 2023 9723 7297 45 - Swift: BARCGB22

The UK Fund for Charities reserves the right to cancel Membership of the International Programme without a refund if the Trustees consider that a Member has acted improperly and brought the UKFC into disrepute.

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Revised December 2011

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