

**1**

**Applying to enrol as an Environmental Body (EB)**

The easiest way for you to submit a Form 1 to us is through EOL at https://eol.entrust.org.uk/ where we will receive it immediately. If you have any questions regarding this form, please see the ‘How to Guide’ available on our website or contact us on:

**Please return your completed paper form:**

**By post to:** ENTRUST 60 Holly Walk Royal Leamington Spa Warwickshire CV32 4JE

**By email to:** [helpline@entrust.org.uk](mailto:helpline@entrust.org.uk)

# Basic details

1. What is the full legal name of your organisation?

|  |
| --- |
|  |

1. What is your organisation’s trading name (if different from above)?

|  |
| --- |
|  |

1. What is the organisation’s incorporation type?

|  |  |  |  |
| --- | --- | --- | --- |
| Association |  |  |  |
| Charity |  | Charity Number: |  |
| Charitable Incorporated Organisation (CIO) |  | Charity Number: |  |
| Chartered Company |  | Company Number: |  |
| Church |  |  |  |
| Community Amateur Sports Club (CASC) |  |  |  |
| Community Benefit Society/Co-operative |  |  |  |
| Community Interest Company (CIC) |  | Company Number: |  |
| Company Limited by Guarantee |  | Company Number: |  |
| Partnership |  |  |  |
| Statutory Body |  |  |  |
| Trust |  |  |  |

1. What date was your organisation incorporated or established?

|  |
| --- |
|  |

1. Is your organisation VAT registered?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  | VAT No. | No |  |

1. What is your organisation’s registered address?

|  |  |
| --- | --- |
| Address line one |  |
| Address line two |  |
| Address line three |  |
| Address line four |  |
| Town |  |
| County |  |
| Postcode |  |

1. What is your organisation’s contact address (if different from above)?

|  |  |
| --- | --- |
| Address line one |  |
| Address line two |  |
| Address line three |  |
| Address line four |  |
| Town |  |
| County |  |
| Postcode |  |
| Telephone number |  |
| Email address |  |

# Your organisation’s Governing Document

1. In order to enrol as an EB your organisation must be ‘not for profit’. Please tick to confirm that your organisation does not make and distribute profits and that there is evidence of this within your governing document:

|  |  |
| --- | --- |
| Yes |  |

1. Please tick to confirm your organisation has a clear voting procedure set out within your governing document including that a chairman's casting vote will take place in the case of a tied vote:

|  |  |
| --- | --- |
| Yes |  |

1. Please tick to confirm you have a dissolution clause within your governing document confirming that in the event of your organisation disbanding any remaining Landfill Communities Fund monies shall be transferred to another enrolled Environmental Body:

|  |  |
| --- | --- |
| Yes |  |

1. Please tick to confirm that your organisation is not owned in whole or in part through a holding company of a Local Authority or Landfill Operator:

|  |  |
| --- | --- |
| Yes |  |

1. Please tick to confirm that your organisation’s governing document describes a procedure for the the appointment and removal of directors?:

|  |  |
| --- | --- |
| Yes |  |

1. Please tick to confirm that neither a Local Authority or a Landfill Operator acting on their own can form a majority on the board or management committee:

|  |  |
| --- | --- |
| Yes |  |

1. Please confirm the number of individuals (a minimum of 2) required to make committee or board meetings quorate:

|  |
| --- |
|  |

Please also confirm that this matches the figure shown within your governing document:

|  |  |
| --- | --- |
| Yes |  |

1. Please confirm the number of individuals who make up your organisation’s management committee or board:

|  |
| --- |
|  |

Please also confirm that full details for each governing member has been included within the Contacts section:

|  |  |
| --- | --- |
| Yes |  |

1. Please tick to confirm that you have a clause within your governing document which confirms that the work of your organisation shall not be for the benefit of landfill site operators who may contribute to it nor for the benefit of your Contributing Third Parties (CTPs):

|  |  |
| --- | --- |
| Yes |  |

# Main contact details

PRIVACY POLICY

ENTRUST is the regulator of the Landfill Communities Fund (LCF) and we are required to collect and process personal data of individuals who have roles within Environmental Bodies. We will only use the personal information provided to us within this form to direct queries and information to the correct person within the Environmental Body. In addition, Paragraph 33(1)(g) of the Landfill Tax Regulations 1996 precludes anyone being involved in the management of the Environmental Body who has controlled or been involved in the management of a previously compulsory revoked Environmental Body. By supplying the personal information below, ENTRUST are able to determine if the organisations and the individual fulfil this requirement.

By completing this form, you confirm that you have the right to provide the personal information for all individuals included in this enrolment, to ENTRUST for use in accordance with the privacy policy and as otherwise required under the LCF Regulations. ENTRUST processes personal data under the lawful basis of ‘public task’: where the processing is necessary for us to perform a task in the public interest or for our official function, where the task or function has a clear basis in law. We will not share any personal information from this form with any third parties, other than those that have a statutory right of access to information held by ENTRUST pursuant to the LCF, nor will we sell any personal data to any third party organisation. You can read the ENTRUST Privacy policy at www.entrust.org.uk/privacy

For further information on how we use and secure the personal data provided and your rights of access to the data held, please contact the Data Protection Officer, ENTRUST, 60 Holly Walk, Leamington Spa, Warwickshire, CV32 4JE.

**Please confirm that you have read the Privacy policy and that you have the right to provide the personal data of all individuals included and that you have notified them of how ENTRUST will process their personal data.**

|  |  |
| --- | --- |
| Yes |  |

**Details of your Main Contact**

1. Title:

|  |
| --- |
|  |

1. Forename:

|  |
| --- |
|  |

1. Surname:

|  |
| --- |
|  |

1. Your nominated main contact will log onto EOL to submit project applications and required reporting forms. Please provide their email address to allow us to send relevant notifications via email:

|  |
| --- |
|  |

1. Please confirm that this main contact will log on to EOL and submit information about your organisation:

|  |  |
| --- | --- |
| Yes |  |

1. Is your main contact a member of your organisation’s managing committee/board? If yes please complete Q.7 to Q.16 below:

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

1. What is your main contact’s date of birth? (DD/MM/YYYY):

|  |
| --- |
|  |

1. What is your main contact’s home address?

|  |  |
| --- | --- |
| Address line one |  |
| Address line two |  |
| Address line three |  |
| Address line four |  |
| Town |  |
| County |  |
| Postcode |  |
| Telephone number |  |
| Email address |  |

1. What is your main contact’s role within your organisation?

|  |
| --- |
|  |

1. Is your main contact an excluded individual? (An excluded individual is someone who: (a) controlled or was concerned in the management of an Environmental Body that was involuntarily revoked; (b) has been convicted of an indictable offence; (c) is disqualified for being a charity trustee or a trustee for a charity; (d) is connected with any of the persons or bodies mentioned above; or (e) is incapable by reason of mental disorder)

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

1. What is your main contact’s occupation?

|  |
| --- |
|  |

1. Is your main contact currently employed within or outside your organisation?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

1. What is the name of your main contact’s employer?

|  |
| --- |
|  |

1. Is your main contact a serving Councillor with a Local Authority and/or employed by a Landfill Operator?:

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If yes, please provide further information:

|  |
| --- |
|  |

1. Does your main contact have a right to vote in your organisation’s committee meetings?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

# Governing Members’ details

It is a requirement that you provide the following full details for each individual who is a member of your organisation’s managing committee/board and who will make decisions about LCF expenditure. Please ensure that no field is left incomplete. Please photocopy this sheet to enable you to submit details for each individual.

**Details of each Governing Member**

1. Title:

|  |
| --- |
|  |

1. Forename:

|  |
| --- |
|  |

1. Surname:

|  |
| --- |
|  |

1. Will this person log onto EOL to submit information regarding your organisation?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If yes, please provide their email address:

|  |
| --- |
|  |

1. What is this member’s date of birth? (DD/MM/YYYY)

|  |
| --- |
|  |

1. What is this member’s home address?

|  |  |
| --- | --- |
| Address line one |  |
| Address line two |  |
| Address line three |  |
| Address line four |  |
| Town |  |
| County |  |
| Postcode |  |
| Telephone number |  |

1. What is this member’s role within your organisation?

|  |
| --- |
|  |

1. Is this member an excluded individual?

(An excluded individual is someone who: (a) controlled or was concerned in the management of an Environmental Body that was involuntarily revoked; (b) has been convicted of an indictable offence; (c) is disqualified for being a charity trustee or a trustee for a charity; (d) is connected with any of the persons or bodies mentioned above; or (e) is incapable by reason of mental disorder)

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

1. What is this member’s occupation?

|  |
| --- |
|  |

1. Is this member currently employed within or outside your organisation?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

1. What is the name of this member’s employer?

|  |
| --- |
|  |

1. Is your member a serving Councillor with a Local Authority and/or employed by a Landfill Operator?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If yes please provide further information:

|  |
| --- |
|  |

1. Does this member have a right to vote in your organisation’s committee meetings?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

**Other contacts (for example administrative staff who will handle LCF matters)**

Please complete this sheet for anyone who will require access to EOL.

|  |  |
| --- | --- |
|  |  |

1. Title (Mr, Mrs, Ms, etc)

|  |
| --- |
|  |

1. Forename

|  |
| --- |
|  |

1. Surname

|  |
| --- |
|  |

1. Email address

|  |
| --- |
|  |

1. Title (Mr, Mrs, Ms, etc)

|  |
| --- |
|  |

1. Forename

|  |
| --- |
|  |

1. Surname

|  |
| --- |
|  |

1. Email address

|  |
| --- |
|  |

1. Title (Mr, Mrs, Ms, etc)

|  |
| --- |
|  |

1. Forename

|  |
| --- |
|  |

1. Surname

|  |
| --- |
|  |

1. Email address

|  |
| --- |
|  |

**Projects**

1. Please select all object types that are applicable to your organisation. Please note that your organisation is limited to spending landfill tax money on works that are covered by the objects stated in your governing document. The objects within your governing document must mirror the objects within the Landfill Tax Regulations:

|  |  |  |
| --- | --- | --- |
| **Object A** | Remediation of land |  |
| **Object B** | Reduction of pollution |  |
| **Object D** | Public park or amenity |  |
| **Object DA** | The conservation of biodiversity |  |
| **Object E** | Religious/historic buildings or structures |  |

1. Please provide a brief summary of types of projects you intend to submit:

|  |
| --- |
|  |

1. Please confirm that your organisation has received an offer of LCF funding:

|  |  |
| --- | --- |
| Yes |  |

1. Please state which funder your offer is from:

|  |
| --- |
|  |

|  |  |
| --- | --- |
|  |  |

**Declaration**

**To the best of my knowledge and belief, the information on this form is true. I am authorised by (insert name of organisation)**

|  |
| --- |
|  |

**to sign this declaration.**

|  |  |
| --- | --- |
| Your signature: |  |
| Your name: |  |
| Your role within the organisation: |  |
| Date of signature: |  |

**Checklist**

Have you:

1. Kept a copy of this form for your records?

|  |  |
| --- | --- |
| Yes |  |

1. Included a copy of your governing document with your not for profit clause, voting procedure, quorum requirements, no benefit to landfill operator or CTP clause, and dissolution clause clearly highlighted?

|  |  |
| --- | --- |
| Yes |  |

1. Enclosed either a cheque for £100 made payable to ENTRUST or provided a BACS payment to Account Number 40525685 Sort Code 20-55-59 in payment of your enrolment fee. Your application cannot be processed until this payment is received.

|  |  |
| --- | --- |
| Yes |  |

1. In addition to contact from ENTRUST staff we use a generic email address to contact your main contact. Please ensure that you have added 'LCF@enews.entrust.org.uk’ to your email contacts list to ensure you receive emails from us.

|  |  |
| --- | --- |
| Yes |  |