



EUROPEAN FEDERATION OF NURSES ASSOCIATIONS (EFN) MEMBERSHIP - APPLICATION FORM

This application form is to be completed in English by all candidates for membership and sent back to the EFN Brussels Office, by email: efn@efn.eu or regular post: Clos du Parnasse, 11A - 1050 Brussels - Belgium. Should you have any questions, please contact the EFN Brussels Office by email: efn@efn.eu, or by phone: +32 2 512 74 19.

A. OVERALL PROCEDURE

When receiving this material, the EFN Brussels Office will acknowledge receipt of your application and will first check the dossier. The EFN Brussels Office may contact you for further information or clarification. The EFN Executive Committee will examine the documents in detail. In case of doubt in the compliance with the EFN membership criteria, the General Secretary and two other persons, appointed by the Executive Committee, shall visit your Organisation and report back on the specific information requested by the Executive Committee. Existing EFN members from the same country as the applicant will be consulted but they do not have a right of veto. The experts will report back their results to the Executive Committee who will decide whether or not to recommend approval of the application to the General Assembly. The final decision on the application is taken by the General Assembly which brings together all the EFN member organisations. All applications will be analysed according to the EFN [Constitution](#) (Article 6 – Membership) & [Internal Regulation](#) (Article 3 – Membership & Representation). None of the information which is provided in this form will be shared with anybody other than the EFN Executive Committee, and the experts entrusted with verifying the applications.

B. APPLICATION FORM

1. General Information

Full name of the organisation:		
Acronym (if applicable):		
Contact person:		
Title:		
Address:		
City:	Post Code:	Country:
E-mail:		
Tel:	Fax:	
Website:		

2. About your organisation

When was your organisation established?

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Is your organisation registered?

YES NO

If YES, please indicate in which country:

What is the legal status of your organisation?

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Is your organisation officially recognised by the Government?

YES NO

If YES, please specify:

Are you a membership organisation?

YES NO

If YES, please specify:

- **What are the categories of membership?**

- Individuals*
- Organisations*
- Academics*
- Others*

- **What are the conditions or qualifications for membership?**

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- **How many members do you have in each category? (Please indicate the names in case of member organisations)**

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Is your organisation itself a member of other organisation(s)?

YES NO

If YES, please specify which one(s):

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Does your organisation have a link with an EFN member organisation?

YES NO

If YES, please specify:

✎ **What is your organisation's mission?**

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✎ **What are your organisation's main strategic aims?**

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✎ **What are your organisation's main activities and/or policy work? (Please give a brief description)**

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✎ **What are your organisation's major publications? (Newsletters, Bulletins, Position Papers, Magazine, Electronic materials, etc.). Please indicate title, frequency, circulation, etc. and provide one sample if possible.**

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✎ **Who appoints the governing body in your organisation? (Please indicate the list of Board Members or equivalent and their positions)**

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✎ **What is the main policy body in your organisation?**

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✎ **What measures have been undertaken to guarantee the independence of your organisation's activities and campaigning with regard to any other interests (public authorities, industry, workers, commercial organisations, etc.)? (If your organisation has a policy document on conflict of interest please enclose a copy)**

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✎ **How does your organisation represent nurses' interests in the decision making process in your country (participation in national advisory bodies, in hearings, in expert groups, etc.)?**

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✎ **How is your organisation funded?**

- Membership fees
- Project funding
- Private grants (foundations)
- Private donations
- EU or other publicly sourced grants
- Other (please specify)

✎ **What is your organisation's annual income? (Please specify the given year and describe the breakdown of income (amounts and percentages))**

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✎ **What is your organisation's annual expenditure? (Please describe main areas of expenditure (amounts and percentages))**

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✎ **What is the total number of staff? (Please specify whether Executive or Support staff)**

- Full-time
- Part-time
- Volunteers
- Senior staff (e.g. Director)

3. Other Information and supporting documents

✎ **What do you consider will be the benefits of EFN membership to your organisation?**

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✎ **What would your membership bring to EFN?**

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✎ **Please include here any further information that you wish to add.**

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✎ **Please also annex a copy of the following supporting documents** *(All documents have to be provided in English):*

- Copy of the Statutes *(Description of the legal basis of your organisation or equivalent) & Internal Regulation (Official English translation);*
- Copy of the current work programme*;
- Copy of the latest Annual Report*;
- Copy of the annual Accounts *(audited where possible)*;*
- Any other relevant document or links to your website*.

**Do not request Official Translation*

4. Commitment

Organisations are asked to agree with the following:

✎ **In applying to EFN membership, our organisation commit to:**

- Adhere to EFN Constitution & Internal Regulation;
- Share the aims and objectives of EFN;
- Participate in EFN policy (and campaigning activities) whenever possible with regard to the scope of action and the resources of our organisation.
- Not to act unfairly or unlawfully against EFN or one of its members.
- Pay the EFN membership fee on a regular basis.
- Respect the confidentiality of information shared at EFN meetings and through other mechanisms.

I hereby certify that the information provided in this document is truthful and complete and that our organisation agrees to notify EFN of any changes regarding this questionnaire as soon as they occur.

Date:

Signature: