

**A3 Assessing eligibility for registration**

If you cannot confirm (a)-(c), please explain why in the box below.

Empty text box for explanation.

**A4 Operating in Scotland?**

(a) Is your organisation registered or will it be registering with the Office of the Scottish Charities Regulator (OSCR) as well? Yes  No

(b) If 'Yes' and already registered with OSCR, what is your OSCR registered number? S C

(c) Have you ever had an application rejected by the OSCR? Yes  No

If 'Yes', please explain why in the box below.

Empty text box for explanation.

**A5 Finance and funding**

(a) If your organisation has existed for more than a year and you have published accounts, please provide the gross income as recorded in the accounts £

(b) Otherwise please enter:

(i) the estimated gross income in the first year of operation £10,000 - 00

(ii) the amount currently received £1 - 00

(c) Financial year end date 31 03 2008

(d) How has your organisation raised its funds and/or how does it intend to do so in future?

BY SEEKING CHARITABLE DONATIONS FROM ORGANISATIONS SPECIALISING IN SUCH SUPPORT AND ALSO BY GAINING FUNDS FROM GOVERNMENT DEPARTMENTS TO SUPPORT SUCH WORK

(e) Do you intend to use professional fundraising consultants? Yes  No

**A6 Special circumstances**

Are there any special circumstances concerning your application that you wish to bring to our attention? (Please see the accompanying notes for the kind of information we would like to know.)

Empty text box for special circumstances.

## C The organisation's objects and activities

The wording of the objects clause is one of the main cornerstones of our assessment of whether the organisation is charitable. Please read the guidance notes on this subject very carefully.

Object 1 - Please enter in the box below the first (or only) object exactly as it appears in your governing document **P**

THE CHFG WILL WORK FOR THE ADVANCEMENT OF EDUCATION AMONG HEALTHCARE STAFF (CLINICIANS, MANAGERS, POLICY MAKERS AND ALLIED HOSPITAL STAFF) OF CLINICAL HUMAN FACTORS SO AS TO DIRECTLY PRESERVE AND PROTECT PUBLIC HEALTH

(CLINICAL HUMAN FACTORS ARE THE NON-TECHNICAL SKILLS AND HUMAN ATTRIBUTES AND FAILINGS THAT IMPACT ON TECHNICAL PERFORMANCE BY A CLINICIAN)

Activities in support of Object 1

SPREADING AWARENESS AND EDUCATING FRONTLINE CLINICIANS, INFORMING REGULATORY AGENCIES AND PROFESSIONAL BODIES WITH THE AIM OF INTEGRATING BEST HUMAN FACTORS (HF) PRACTICES WITHIN THE CULTURE, SYSTEMS AND TRAINING IN THE HEALTH SERVICES

A "STANDING GROUP" OF HF AND HEALTHCARE EXPERTS WILL MEET REGULARLY TO DEVELOP STRATEGIES TO FACILITATE THE ABOVE ACTIVITY. ALL MEMBERS WILL GIVE THEIR TIME FOR FREE.

THE TRUSTEES WILL SUPPORT THE "STANDING GROUP" BY PROVIDING FUNDS TO SUPPORT GROUP ACTIVITIES



- (g) If you are allowed to carry out CRB checks and have decided not to do so please **tick box C on the trustee declaration form**, and explain in the box below what safeguards you have implemented to ensure that no unsuitable person has access to any children with whom the charity works.

Blank lined area for providing safeguards.



If your organisation will work with vulnerable adults you must complete this section.

- (a) Does your organisation have a policy for working with vulnerable adults? Yes  No
- (b) Are you required by law to carry out CRB checks on your trustees? Yes  No
- (c) Are you allowed by law to carry out CRB checks on your trustees? Yes  No
- (d) If you have carried out CRB checks on all your trustees **AND** are satisfied that they are all suitable to act as trustee of a charity that works with vulnerable adults **tick box D on the trustee declaration**. *You can now move on to Part E of the form.*
- (e) If you are **neither** required **nor** allowed to obtain CRB checks on all trustees then please **tick box E on the trustee declaration form** and explain why not in the box below.

Blank lined area for explaining why not to obtain CRB checks.

**E Private benefit**

**E1 Conflict of interests policy**

Do the trustees have a conflict of interest policy in place?

Yes  No

**E2 Connected persons**

Does any connected person (this could include an organisation or company) receive a benefit that has a financial value from the organisation?

Yes  No

**E3 Private benefit details**

Please complete this section for each person or organisation receiving a private benefit.

(a) Name of connected person

(b) Relationship between the connected person and the organisation

(c) Please describe the benefit and its estimated financial value in each year. *If the benefit relates to the use of privately owned land and/or buildings, eg a trustee's home, you should explain how ongoing costs, eg mortgage payments, insurance and maintenance costs will be divided up between the organisation and the individual.*

  
  
  
  
  
  
  
  
  
  

(d) How will the award of the benefit contribute to the organisation achieving its purpose(s)?

  
  
  
  
  
  
  
  
  
  

(e) How will the other trustees manage the conflict of interest that arises from the private benefit?







