Application form (APHHC1) for house–to–house collections

This application form should be used to apply for a licence to promote a house to house collection in Rushmoor in line with the house to house collections Act 1939 and the house–to–house Collections Regulations 1947

Notes for applicants

- **Completing the application form**

a) Before completing this application form carefully read the accompanying house–to–house Collection guidance booklet (HHCA39 1).

b) Complete Sections A to E of the application form in clear and legible **BLOCK CAPITAL LETTERS** using **Blue or Black** ink.

c) Strike through any section of the application form which is not applicable to the circumstances of any proposed collection, and insert the abbreviation 'N/A'.

d) Sign and date the declaration detailed in Section E before returning the completed application form and all relevant documents to:

The Licensing Officer,
Environmental Health Services,
Rushmoor Borough Council,
Council Offices,
Farnborough Road,
Farnborough,
Hampshire
GU14 7JU

e) Please note that failure to complete any part of the application form or include any relevant documents will invalidate the application. **An invalid application will not be processed but will be returned to the applicant with a summary explanation.** We cannot and will not accept liability for any losses caused by the submission of an invalid application.

RUSHMOOR
BOROUGH COUNCIL

- **Service standards**

We aim to process all applications within 28 days of receiving them as long as they include all the relevant documents.

We may need to get information from other agencies before we can complete the application. This may result in delays beyond our 28 day target. If this happens we will do our best to minimise any inconvenience. When we have received the information we need, we aim to advise you of the outcome of your application within three working days.

- **Customer Care**

a) If you have any questions about your application or any complaint, please contact our licensing team at

Council Offices,
Farnborough Road,
Farnborough,
Hampshire
GU14 7JU

Telephone: 01252 398 398

b) When we tell you about the outcome of your application we may also send you a short questionnaire asking for your comments on the way your application has been dealt with. If so, we would be grateful if you could find the time to complete and return it. We value any comments you may make as they will help us to improve our service(s).

- **Data Protection**

a) We will use the information given on this application form to carry out our statutory function(s) as the relevant Licensing Authority as set out in the House–to–House Collections Act 1939 and the House–to–House Collections Regulations 1947.

b) We may disclose your information to our agents or service providers. We may share your information with other departments in the Council.

c) You have the right to ask for a copy of the information we hold about you (for which we may charge a fee) and to correct any inaccuracies in your information.

d) By returning this form to us you consent to us holding information about you where this is necessary.

SECTION A – About yourself

Title Mr ❑ Mrs ❑ Ms ❑ Miss ❑ Other ❑ Please specify:

Full name First name(s)

Surname

Date of Birth D D M M Y Y Y Y **Age**

Home Address Number

Street

Town

County

Postcode

Home telephone number

Mobile telephone number

Email *(Optional)*

SECTION B – Purpose of the house–to–house collection

(Use this section to tell us who will receive the proceeds of your collection)

Charity name

Charity address Number

Street

Town

County

Postcode

Telephone number

Fax number

Email / **Website** *(Optional)*

Is the above address, a registered charity?

Yes ❑ No ❑

If **YES**, please give the registration number:

Have you, in the last 12 months, applied for any other charitable collections permit/licence and/or completed any other charitable collections?

Yes ❑ No ❑

If **YES**, please provide full details *(e.g. location, beneficiary organisation, number of collectors)*

Has the applicant, charity or organisation ever been refused a licence or had a licence revoked?

Yes ❑ No ❑ If **YES** please tell us:

Name of local authority issuing refusal/revocation

Date of refusal/revocation D D M M Y Y Y Y

Reason for refusal/revocation

Has the applicant, charity or organisation had any affiliation or links with any other charity or fundraising organisation?

Yes ❑ No ❑ If **YES** please tell us:

Name of other organisation

How affiliated or linked

SECTION C – Collection details

Please tell us when the **proposed** collection will be made:

FROM D D M M Y Y Y Y

TO D D M M Y Y Y Y

Standard collection is between 9am and 6pm. If you require alternative times, please state:

NB Any collection dates should ideally be booked in advance of a formal application being made. Please see the guidance notes for further information.

Please provide alternative dates, in case you cannot have your preferred collection dates:

FROM D D M M Y Y Y Y

TO D D M M Y Y Y Y

If these dates are not available, we will contact you to rearrange

Please tell us which area(s) in Rushmoor you wish to collect from

Aldershot ❑ Farnborough ❑

Ward

Road name(s)

What will the proceeds be used for? Local Funds ❑ National Funds ❑

Will you collect money? Yes ❑ No ❑

Will you collect property? Yes ❑ No ❑

If **YES**, please explain if it will be used, sold or given away?

Will the goods be sold for charitable purposes? Yes ❑ No ❑

If **YES,** please describe goods or articles to be sold

How many collectors will be authorised?

How will the collectors be identifable?

Will anyone involved in the collection receive payment

Yes ❑ No ❑

If **YES**, who will receive payment and at what rate?

Are applications being made to other local authorities?

Yes ❑ No ❑

If **YES,** please tell us which local authorities

Are the proceeds to help a war charity and is that charity registered or exempted under the War Charities Act 1940?

Yes ❑ No ❑ If **YES,** please tell us:

Name of registered / exempt authority

Date of registration / exemption

D	D	M	M	Y	Y	Y	Y

SECTION D – Declaration of convictions

Are there any criminal convictions or pending prosecutions recorded against the applicant or any other person/ organisation named in, or associated with, this application.

Yes ❑ No ❑ If **YES,** please tell us:

Individuals details	Date of conviction(s) *(or next hearing)*	Offence(s)	Sentence *(if applicable)*
Name Date of birth D D M M Y Y Y Y	D D M M Y Y Y Y		
Name Date of birth D D M M Y Y Y Y	D D M M Y Y Y Y		
Name Date of birth D D M M Y Y Y Y	D D M M Y Y Y Y		
Name Date of birth D D M M Y Y Y Y	D D M M Y Y Y Y		
Name Date of birth D D M M Y Y Y Y	D D M M Y Y Y Y		

SECTION E – Declaration

I am the person named in **SECTION A** of this form. I declare that the information given in this application is true and correct to the best of my knowledge and belief. I understand that if I knowingly give false information, this is an offence under the house–to–house Collections Act 1939.

I also understand and give my consent for the information on this form to be shared and checked with other agencies and bodies. This could include the Charity Commission, the Criminal Records Bureau, Customs & Excise, the Inland Revenue and any other body in line with the data protection notice given above.

Signed

Name *(in capitals)*

Date D D M M Y Y Y Y