# Annual TRA Registration Form

Thank you for taking the time to complete the annual TRA registration. We look forward to working with you over the coming year and keeping you up-to-date with relevant information.

If you need any help or for further information at any time, please contact GetInvolved@lbhf.gov.uk or call 0208 753 6652.

## Checklist

Name of the TRA………………………………………………………………………….

Has your opening or Annual General Meeting taken place? Yes / No

Have you enclosed a copy of your TRA Constitution? Yes / No

*A model constitution has been provided at Appendix 1.*

*Alternatively, you can work with us to develop your own constitution*

*based on the model constitution*.

Have you completed the TRA registration form in this pack? Yes / No

*Please complete Form 1*.

Have you included a copy of your TRA opening or

Annual General Meeting Minutes? Yes / No

Have you included a copy of the insurance certificate

for the TRA hall or room? (if applicable) Yes / No

Have you provided accurate details for your TRA bank account?

(including a copy of the statement if you are providing this

information for the first time or the account details have changed) Yes / No

Have you included the supplier creation form if this is the first

time we have paid a grant to your TRA, or if the bank account

has changed? (supplied by the Resident Involvement team) Yes/No

Your name and position on the TRA committee…………………………………………..

Your signature ………………………………………………………………………………..

Date …………………………..

When you have completed the checklist and relevant forms, please forward the pack to: **Resident Involvement Team, 3rd Floor, Hammersmith Town Hall Extension, King Street London W6 9JU** in the pre-paid envelope.

## TRA Registration Form

This registration form should be used to register the new TRA.

### Section 1 – Data Protection

The Council is committed to abiding by the Data Protection Act, as well as people’s rights to confidentiality and respect for privacy. We treat your private information with respect. It is kept securely. At times, we are asked by other council teams, departments and appointed contractors for information about our registered TRAs. We will contact you to consult with you, provide information about meetings/events, and update you on projects.

### Section 2 – TRA Committee Management Officers

By signing this registration form committee members agree to abide by the standards that are defined in the constitution that has been agreed for the TRA.

|  |  |
| --- | --- |
| Chair | Vice Chair |
| Name (please print) | Blank cell | Blank cell |
| Signature | Blank cell | Blank cell |
| Home address | Blank cell | Blank cell |
| Contact Telephone(Home/mobile) | Blank cell | Blank cell |
| Email address | Blank cell | Blank cell |
| As per section 1, happy to share contact details? | Yes/No | Yes/No |

|  |  |
| --- | --- |
| Secretary | Treasurer |
| Name (please print) | Blank cell | Blank cell |
| Signature | Blank cell | Blank cell |
| Home address | Blank cell | Blank cell |
| Contact Telephone(Home/mobile) | Blank cell | Blank cell |
| Email address | Blank cell | Blank cell |
| As per section 1, happy to share contact details? | Yes/No | Yes/No |

Please provide details of your TRA email address

(if applicable)

…………………………………………………………....

For help with setting up a group email address please contact the Resident Involvement Team on 0208 753 6652 or email Getinvolved@lbhf.gov.uk

Would you like some help and advice from another TRA mentor?

Yes No

### TRA Committee Members

Name: ………………………………………………………………………….

Address: …………………………………………………………………………

Signed: ………………………………………………………………………….

Date: ………………………………………………………………………….

As per section 1, happy to share contact details? Yes/No

Name: ………………………………………………………………………….

Address: …………………………………………………………………………

Signed: ………………………………………………………………………….

Date: ………………………………………………………………………….

As per section 1, happy to share contact details? Yes/No

Name: ………………………………………………………………………….

Address: …………………………………………………………………………

Signed: ………………………………………………………………………….

Date: ………………………………………………………………………….

As per section 1, happy to share contact details? Yes/No

Name: ………………………………………………………………………….

Address: …………………………………………………………………………

Signed: ………………………………………………………………………….

Date: ………………………………………………………………………….

As per section 1, happy to share contact details? Yes/No

Name: ………………………………………………………………………….

Address: …………………………………………………………………………

Signed: ………………………………………………………………………….

Date: ………………………………………………………………………….

As per section 1, happy to share contact details? Yes/No

Name: ………………………………………………………………………….

Address: …………………………………………………………………………

Signed: ………………………………………………………………………….

Date: ………………………………………………………………………….

As per section 1, happy to share contact details? Yes/No

Name: ………………………………………………………………………….

Address: …………………………………………………………………………

Signed: ………………………………………………………………………….

Date: ………………………………………………………………………….

As per section 1, happy to share contact details? Yes/No

Name: ………………………………………………………………………….

Address: …………………………………………………………………………

Signed: ………………………………………………………………………….

Date: ………………………………………………………………………….

As per section 1, happy to share contact details? Yes/No

Name: ………………………………………………………………………….

Address: …………………………………………………………………………

Signed: ………………………………………………………………………….

Date: ………………………………………………………………………….

As per section 1, happy to share contact details? Yes/No

### Section 3 – Annual General Meeting or Opening Meeting

**Meeting date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide a copy of your AGM/opening Minutes when you return the pack.

### Section 4 – TRA Bank Account

TRAs need to have a dedicated bank account so that all funds can be paid into a dedicated account for TRA activities.

|  |  |
| --- | --- |
| Name of Account | **Blank cell** |
| Name of Bank | **Blank cell** |
| Branch | **Blank cell** |
| Sort Code | **Blank cell** |
| Account Number | **Blank cell** |

|  |  |
| --- | --- |
| Account Signatory 1:NameAddressSignature | Chair/ Vice Chair**Blank cell** |
| Account Signatory 2:NameAddressSignature | Secretary |
| Account Signatory 3:NameAddressSignature | Treasurer |

### Section 5 – TRA Hall Or Room

Please tick this box if your TRA does not have a TRA Hall or meeting room

Where does your TRA hold its meetings if you do not have access to a hall?

……………………………………………………………………………………………………

|  |
| --- |
| TRA Hall/Room Key holder |
| Name (please print) | Blank cell |
| Address | Blank cell |
| Contact Telephone | Home: Mob: |
| Email address | Blank cell |

### Additional Key Holders

|  |  |  |
| --- | --- | --- |
|  | Key holder 1 | Key holder 2 |
| Name(please print) | Blank cell | Blank cell |
| Address | Blank cell | Blank cell |
| Contact Telephone | Home:Mob: | Home:Mob: |
| Email Address | Blank cell | Blank cell |