



**Supporting Innocent Victims and Survivors of Wrongful Allegations
of Abuse in an Occupational Setting**

APPLICATION FOR FULL MEMBERSHIP

Title:	First Name:	Last Name:
Address 1		Post Code:
Address 2		Tel:
Address 3		Email :

Are you ? <i>* Delete as appropriate</i>	<ul style="list-style-type: none"> • the accused person ?* • their partner or spouse ?* • a work colleague?* • currently subject to an investigation ? Yes/No 	<ul style="list-style-type: none"> • is your work mainly with children?* adults?* both?* • a relative or friend of an accused person?* • other (specify): Do you have a past conviction? Yes/No
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If you have been accused or convicted	In order to help with your application please provide a reference (solicitor, family or supporter, or both who can confirm your innocence. Background information is also very welcome on separate sheet.
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Occupational Task	• carer* teacher* social worker*	• health care professional*
	• church/faith worker* or volunteer*	• youth* community* sports worker* or volunteer
	• child minder* foster carer*	• other: ...

Declarations

Only answer if you have been accused	The allegation that has been made against me is being dealt with by ... <table style="width: 100%; text-align: center;"> <tr> <td>Police</td> <td>Social Services</td> <td>Employer</td> <td>Other (specify)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>I declare that I am innocent of the abuse allegations that have been made against me and that they are false. I abhor abuse of any kind to children or adults I have never committed any such offence and that I have never downloaded child pornography.</p>	Police	Social Services	Employer	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police	Social Services	Employer	Other (specify)						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

Applies to all applicants	I agree to my contact details being stored on an electronic confidential database and to being contacted by FACT with relevant information. Please sign below if agreeable I accept that membership of FACT may be refused, revoked or suspended if the committee decides that I have breached requirements for membership or could bring the name of FACT into disrepute <table style="width: 100%;"> <tr> <td style="width: 50%;">Signed:</td> <td style="width: 50%;">Date:</td> </tr> <tr> <td></td> <td align="right"> <input type="checkbox"/> Please tick box if you need immediate advice or support </td> </tr> </table>	Signed:	Date:		<input type="checkbox"/> Please tick box if you need immediate advice or support
Signed:	Date:				
	<input type="checkbox"/> Please tick box if you need immediate advice or support				

Subscriptions
Serving and former prisoners who meet our admission criteria are entitled to free membership

Membership is £20.00 per year or £30.00 for Joint membership Payable to FACT	I enclose £ _____ for 12 months membership subscription for me* and for my partner* Partner's Full Name (if joint Membership):* I enclose £ _____ as a voluntary contribution in support of the ongoing work of FACT* <i>Please make cheques payable to FACT. BACS Payments to Sort: 09-01-54 A/c 98614484</i>
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FACT'S CONFIDENTIAL HELPLINE: 0843 289 2016