

This draft revised Membership Questionnaire is being submitted to members at the 2014 General Meeting for feedback.

Membership Questionnaire Year _____

Purpose of the Questionnaire: The purpose of this questionnaire is to collect information from candidates for IFSW Membership. The form is to be updated annually thereafter by the members of IFSW and submitted along with annual fees. The form consists of two main parts. Part I collects core information about the status and main contacts of the association that can be displayed on the IFSW website. Part II gathers confidential information (such as Membership, Employers of Members, Governance of the Association, Management of the Association, Communication with Members, Member Services and Benefits, Recognition by the Government, Relationship between the Association and the Trade Unions, Budget of the Association) to assist IFSW to do its work effectively and efficiently. The confidential information is exclusively for internal usage of the IFSW administration and Executive of the respective regions of Member Countries.

PART I:

1. Core Information *(To be posted on the website)*

Name of the Association:	
Country:	
Address:	
Website address:	
The Association was established in <i>(Please indicate year)</i>	
Contact details for further information:	

2. Key Contact Persons Information:

Name of the Association President:	
Name:	
Address:	
Telephone Number:	
Fax Number:	
Email Address:	
Contact person for IFSW <i>(if different from the president):</i>	
Name:	
Address:	
Telephone Number:	
Fax Number:	
Email Address:	
Responsible person for International Relations <i>(if different from the contact person):</i>	
Name:	
Address:	
Telephone Number:	
Fax Number:	
Email Address:	

Comment:

PART II:

Confidential Information on the Association used only internally by IFSW Administration.

2.1. Membership

Category of Membership (if any) (Please write in your own categories)	Membership Fee Per Category in USD	Number of Members per Category
Total # of you Current Members:		
Total Membership income in USD of the last year:		
<i>Comment:</i>		

2.2. Employers of Members (please add other employers as appropriate)

Main Employers	Number of members
Municipality (local authorities)	
State (federal, government/ministry agencies)	
Health organizations	
International Non Governmental Organizations (INGO)	
National Non Governmental organizations (NGO)	
Voluntary/charitable organizations	
Church	
Private/Independent practice	
Private companies	
Other (Please specify)	
<i>Comment:</i>	

2.3. Governance of the Association

Name and Email Address of the Chair of the Governing Council or Board:	
How many members are on your governing Council or Board?	
Diagram of your Governance Structure (Please attach if you have one)	
When do you hold your Annual General Meetings?	
<i>Comment:</i>	

2.4. Management of the Association

Name and Email Address of the Chief Executive:	
How many paid staff do you employ?	
Diagram of Staffing Structure (Please attach if you have one)	
<i>Comment:</i>	

2.5. Communication with Members (Please identify your main ways/methods to communicate with members and add others as appropriate)

Communication Methods	Yes / No
Paper documents posted to individual member	
Emails, E-bulletins or E-newsletters	
Paper Magazine /Newsletter posted to member	
Use employer systems	

Other (Please specify)	
<i>Comment:</i>	

2.6. Member Services and Benefits (Please identify your main member services and benefits and add others as appropriate)

Member Services and Benefits	Yes / No
Professional practice policy and guidance	
Employment advice and representation	
Continuing Professional Development activities	
Professional registration advice and representation	
Conferences	
Campaigning	
International links	
Other (Please specify)	
<i>Comment:</i>	

2.7. Recognition by the Government

Recognition by the Government	Yes/No
Is your Association recognised in legislation by your government?	
Does the government take the initiative in consulting you on government policy and/or legislation?	
<i>Comment:</i>	

2.8. Relationship between the Association and Trade Unions

Association and Trade Union Links	Yes / No
We are a trade union	
We have special links with one trade union specially for social workers	
We have special links for one trade union for all our members	
We have special links with a number trade unions	
We have links with all the trade unions with social workers in membership	
We have joint membership arrangements with trade union(s)	
Other (Please specify)	
<i>Comment:</i>	

2.9. Budget of the Association (Please specify what is the total budget for you association this year)

Total budget	
Membership income	
Government grants	
Other Grants	
Sponsorship	
Other (Please specify)	
<i>Comment:</i>	

We confirm that our Association is democratically accountable to social workers who are our members
We confirm that our Association is independent of our Government and social work employers.

Person Completing the Membership Questionnaire:

Name:	
Title:	
Signature:	
Date:	