



Scottish
Parent Teacher
Council

53 George Street
Edinburgh
EH2 2HT
Tel: 0131 226 4378/1917
Fax: 0870 706 5814
Email: sptc@sptc.info

**ORDINARY MEMBERSHIP APPLICATION FORM
FOR PARENT COUNCILS**

1st August 2007 to 31st July 2008

School: _____ **Type:** _____ **Roll:** _____

School Address: _____

_____ **Post Code:** _____

Headteacher: _____ **Authority:** _____

CONTACT DETAILS

Information for all parents is sent regularly. It can come to you via the school or your home address.

Name: _____

Address: _____

_____ **Post Code:** _____

Please give the following information, if available

Tel Number: _____ **email:** _____

ORDINARY MEMBERSHIP: this includes public liability insurance

(Please circle the appropriate amount)

School Roll up to 50 pupils	£64.00
School Roll 51 to 100 pupils	£69.00
School Roll 101 to 250 pupils	£90.00
School Roll 251 pupils and over	£95.00

EXTENDED PUBLIC LIABILITY (EPL)

This is available to cover hired-in discos and bands.

The cost is £5.00 for insurance plus £1.00 for administration.

EPL = £ 6.00*

*This single payment covers all such events during the year.

Amount due = £ _____

Tick in the space below if you require a **certificate of employers' liability**. It is **ONLY NEEDED IF YOUR PARENT COUNCIL ACTUALLY EMPLOYS SOMEONE** eg. to run a swimming or other club.

ALL RISKS INSURANCE

This cover is for items that your organisation has bought (computers, play equipment, etc). Please note that equipment stored outdoors cannot be insured. Please list below all the items you want insured and the value you want them insured for. Add up the values and **round up the total amount** to the nearest £100.

- Insurance cover costs £3.50 for every £100 of insured items.
- The minimum that can be insured is £500 of insured items.
- There is an excess of £100 on the policy.

Please keep a copy of this list for your own records.

ITEM	INSURED VALUE
Total value of insured items	£ _____
Valuation to nearest £100	£ _____
Cost of all risks insurance (£3.50 per £100 of value)	£ _____

AMOUNT BROUGHT FORWARD from previous page £ _____

TOTAL VALUE OF REMITTANCE £ _____

Signed: _____

Position: _____ Date: _____

PLEASE MAKE CROSSED CHEQUES PAYABLE TO "SPTC" AND ENCLOSE A STAMPED SELF-ADDRESSED ENVELOPE TO SPEED OUR REPLY

IMPORTANT: IF YOU DO NOT RECEIVE A RECEIPT WITHIN 28 DAYS, PLEASE CONTACT OUR OFFICE

FOR OFFICE USE ONLY

Received _____

Receipt Sent _____