****Bangladesh ECD Network (BEN)

**Associate Membership**

Application Form

**PART I: General Information**

|  |  |
| --- | --- |
| Name of Institution |  |
| Mailing Address |  |
| Chief Executive | Name |  |
| Designation |  |
| Office Phone |  | e-mail  |  |
| Mobile Phone |  | Fax |  |
| ECD Focal Person | Name |  |
| Designation |  |
| Office Phone |  | e-mail  |  |
| Mobile Phone |  | Fax |  |
| Website |  |
| Year of Establishment |  |

*(You may tick more than one answer for the following questions)*

Type of Institution: [ ]  Government [ ]  Non-Government [ ]  Corporation/Company

 [ ]  Local (sub-national) [ ]  National [ ]  Regional/International

 [ ]  Profit [ ]  Not-for-Profit

Main Responsibilities (if applicable, select up to two)

 [ ]  Training (teacher/early childhood educator) [ ]  Providing services for young children

 [ ]  Research [ ]  Advocacy and networking

[ ]  Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your organization is mainly concerned with the needs of (if applicable):

[ ]  Only young children [ ]  Children and youth

 [ ]  Families [ ]  Women and children

[ ]  Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Registration Information** |   |
|   |  |
| **Authority which your organization is registered with**  | **Registration Number** | **Year of Registration** |
|
| [ ]  Department of Social Services |   |   |
|
| [ ]  NGO Bureau |   |   |
| [ ]  Directorate of Women Affairs |   |   |
|
| [ ]  Directorate General of Family Planning |   |   |
|
| [ ]  Department of Youth Development |   |   |
|
| [ ]  Joint Stock Company |   |   |
| [ ]  Others (Specify) ………………………… |   |   |
|

If you are a **Non-Government Organization**, go to **PART II**.

If you are a **Government Organization**, go to **PART III**.

If you are a **Tertiary/Research Institution**, go to **PART IV**.

If you are a **Corporation/Company**, go to **PART V**.

**PART VI** and **PART VII** are mandatory for any category.

**PART II: Non-Government Organization Information**

|  |  |
| --- | --- |
| BRIEF DESCRIPTION OF YOUR ORGANIZATION- mission, vision, goal, objectives |  |
| KEY ACTIVITIES (e.g. in research and knowledge generation; policy advocacy and communication; capacity building) |  |
| SCOPE OF WORK(e.g. regional, sub-regional, and/or national) |  |
| KEY TARGET POPULATION SERVED (e.g. children served by age group; parents, community, EC practitioners, policy makers, etc.) |  |
| KEY ACHIEVEMENTS- results-to-date in the last 2 years in ECD |  |
| KEY PARTNERS - Who do you work with? (financially/technically) |  |

**PART III: Government Organization Information**

|  |  |
| --- | --- |
| BRIEF DESCRIPTION OF YOUR DEPARTMENT- mission, vision, goal, objectives |  |
| ECD PROGRAMS SUPPORTED BY THE DEPARTMENT |  |
| KEY TARGET POPULATION SERVED (e.g. children served by age group; parents, community, EC practitioners, policy makers, etc.) |  |
| KEY ACHIEVEMENTS- results-to-date in the last 2 years in ECD |  |
| KEY PARTNERS - who do you work with? (financially/technically) |  |

**PART IV: Tertiary/Research Institution Information**

|  |  |
| --- | --- |
| BRIEF HISTORY OF YOUR INSTITUTION- mission, vision, goal, objectives |  |
| IF YOUR INSTITUTION HAS AN EARLY CHILDHOOD DEPT/UNIT/SECTION, SPECIFY ITS NAME AND MAJOR ACTIVITIES |  |
| INSTITUTION SIZE- student population studying ECD- faculty information and size |  |
| KEY RESEARCH AREAS- planned or published noteworthy research documents- past or current noteworthy research activities |  |
| KEY PARTNERS - Who do you work with?  |  |

**PART V: Corporation/Company Information**

|  |  |
| --- | --- |
| BRIEF HISTORY OF YOUR COMPANY- mission, vision, goal, objectives |  |
| BRIEF DESCRIPTION OF COMPANY’S CORPORATE SOCIAL RESPONSIBILITY GOALS |  |
| SCOPE OF WORK- What does your company do/produce?- Where are your offices? |  |
| DO YOU PROVIDE PRODUCTS FOR SALE FOR CHILDREN’S CONSUMPTION?(e.g. toys, baby food, etc.) |  |
| KEY PARTNERS - Which other organizations do you also provide sponsorship to? |  |

**PART VI: Reasons for Wanting to Become a an Associate Member of BEN**

|  |  |
| --- | --- |
| WHY DOES YOUR ORGANIZATION/INSTITUTION WANT TO BECOME AN ASSOCIATE MEMBER OF BEN?- state in brief the organization’s motivation to engage with BEN |  |
| WHAT JOINT ACTIVITIES DO YOU ENVISION COLLABORATING WITH BEN ON?- proposed activities- expected outcomes- time frame |  |
| WHAT KIND OF CONTRIBUTION WILL YOUR ORGANIZATION/ INSTITUTION BE ABLE TO PROVIDE FOR THESE JOINT ACTIVITIES OR FUNCTIONING OF BEN?- manpower- technical expertise- funding- other in-kind contributions (please specify) |  |

 **PART VII: Declaration of Member’s Intent**

By signature below, we hereby state that our organization/institution, wish to become an Institutional Member of the Bangladesh ECD Network (BEN) under the “Associate Membership” category.

We agree to share and support the achievement of BEN’s mission and objectives as well as strategic vision, and activities, which will, in turn, enhance institutional capacity in the field of Early Childhood particularly in Bangladesh.

\* The person signing may be someone who is in charge of the Organization, department, or division depending on the size and type of organization.

Name:

Signature:

Title:

Organization:

Date: