# Northern Ireland Health Collective (NIHC)

**Membership Application Form – 2025/26**

# Section 1: Applicant Details

**Name of Collective / Alliance / Network / Partnership:** Click or tap here to enter text.

**Abbreviated Name (if applicable):** Click or tap here to enter text.

**Website:** Click or tap here to enter text.

**Social Media:** Click or tap here to enter text.

**Primary Contact Person**

* **Name:** Click or tap here to enter text.
* **Position / Role:** Click or tap here to enter text.
* **Email:** Click or tap here to enter text.
* **Phone:** Click or tap here to enter text.

**Secondary Contact Person (optional)**

* **Name:** Click or tap here to enter text.
* **Position / Role:** Click or tap here to enter text.
* **Email:** Click or tap here to enter text.
* **Phone:** Click or tap here to enter text.

# Section 2: About Your Collective

1. **Brief Description of Your Collective[[1]](#footnote-1) (Include purpose, focus areas, and main activities):**

Click or tap here to enter text.

1. **Year Established:** Click or tap here to enter text.
2. **Number of Member Organisations Represented:** Click or tap here to enter text.
3. **List Member Organisations Represented/or send to** [**michelle@nihealthcollective.org.uk**](mailto:michelle@nihealthcollective.org.uk)
4. **Sectors Represented (tick all that apply):**  
   Health  
   Social Care  
   Community Health and Wellbeing

Research & Innovation

Policy & Advocacy

Other (please specify):Click or tap here to enter text.

1. **Geographic Coverage:**  
   UK wide

All Ireland

Northern Ireland-wide  
 Regional (please specify eg Trust or Council area): Click or tap here to enter text.  
 Local (please specify): Click or tap here to enter text.

# Section 3: Membership Responsibilities

By applying, you confirm that:

* + Your collective represents multiple VCSE organisations in the areas of health, social care, or community wellbeing.
  + Your collective will ensure all constituent member organisations are aware of your NIHC membership and the opportunities it brings.
  + You will actively participate in NIHC communications, consultations, and collaborations.
  + You will provide all associated logos and consent for these to be displayed on NIHC website and in all relevant communications including social media.

**I agree to the above membership responsibilities.**

# Section 4: Additional Information

1. **Why do you wish to join NIHC?**

Click or tap here to enter text.

1. **Key areas of interest, policy or other priority issues:**

Click or tap here to enter text.

1. **Any existing collaborations with NIHC members?**

Click or tap here to enter text.

# Section 5: Declaration

I, the undersigned, confirm that the information provided is correct to the best of my knowledge and that my collective meets the eligibility criteria for NIHC membership and I have permission and authority to sign on behalf of the collective.

**Name:** Click or tap here to enter text.

**Position:** Click or tap here to enter text.

**Signature:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.

# Section 6: Submission

Please submit your completed form with copy of your logo in **svg or high resolution format** to 📧 [michelle@nihealthcollective.org.uk](mailto:michelle@nihealthcollective.org.uk) or complete online at: [www.nihealthcollective.org.uk/join](http://www.nihealthcollective.org.uk/join)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Internal Use:**

Application received (Date):

Logo received: Yes No

Application Approved (date):

Application Approved by:

Application Declined by:

Member notified (date):

1. For the purpose of this document collective refers to any structure for example network, coalition, alliance, partnership or collective led by VCSE sector bringing together a range of organsations to collaborate on a common area in health, social care or community health and wellbeing. [↑](#footnote-ref-1)