# Creation of a National Committee of the Blue Shield

# Application Form

Please fill out the following form and send it with all required documents to the Secretariat of Blue Shield International: emma.cunliffe@ncl.ac.uk

This form is in 4 parts.

* Part A records the membership and structure of the proposed Committee.
* Part B records the goals and activities of the proposed Committee.
* Part C is a checklist of steps you must complete as part of the registration process.
* Part D is the official signature of the Chairperson.

# Part A – Committee Structure

1/ Who is the main representative (anticipated Chairperson of the national committee) and point of contact?

Name:

Position:

Address:

Email:

Phone / Fax:

2/ In which institution are the headquarters of the national committee going to be located?

Institution:

Address:

Email:

Phone / Fax:

3/ Who are the representatives of the ICA, ICOM, ICOMOS, IFLA (or national equivalents\*) supporting the creation of the national committee?

*[Note:* \*Please see the Section 3 of the membership guidance for the circumstances under which a national equivalent may replace a member of the international organisations.]

**a) Name:**

Position:

Address:

Email:

Phone / Fax:

**b) Name:**

Function:

Address:

Mail:

Phone / Fax:

**c) Name:**

Function:

Address:

Mail:

Phone/ Fax:

**d) Name:**

Function:

Address:

Mail:

Phone/ Fax:

4/ Will these representatives be part of the Board of the national committee of the Blue Shield?

*[Note:* \*Refer to Section 3 of the **Membership Guidance** when completing this section.]

ICA Y/N ICOM Y/N ICOMOS Y/N IFLA Y/N

5/ Will there be other organisations represented on the Board of the national committee in your country? Please provide the contact information of their representatives.

*[Note*: Depending on the number of representatives, please copy-paste the fields below accordingly]

a) Name:

Position:

Address:

Email:

Phone / Fax:

b) Name:

Position:

Address:

Email:

Phone / Fax:

6/ Does the structure of the national committee conform to national legislation?

*[Note:* A Committee may be voluntary and have no legal status, or may, for example, be a legally registered charity / not for profit organisation / civil organisation.]

Yes □ No □

If yes, what is the legal status of the national committee of the Blue Shield in your country?

Please attach the copy of the original registration document and an official English translation.

7/ Have you created statutes for your national committee? (Please attach the final version in English with the application)

*[Note:* Please use the guidance document **Creation of a National Committee of the Blue Shield: Guidelines for Statutes**).]

Yes □ No □

# Part B – Goals and Activities

8/ Once the Committee is created, what are your key areas of activity?

Please list them in order of priority.

*[Note*: Please refer to the goals and mission in the **Rules and Principles of the Blue Shield Association** document and the more detailed areas of activity suggested in the **Committee Activities** document.]

9/ To realise these areas of activity, what actions or projects do you intend to carry out?

Please list them in order of priority?

[*Note*: For example: listing sites, monuments and institutions in your country, listing national experts, assessing risks, liaising with military and other emergency bodies, conducting capacity building, etc.]

10/ How are you planning to promote the Blue Shield in your country?

11/ How are you planning to manage fundraising for your national committee?

# PART C - Checklist

12/ Have you obtained Letters of Support from the founding four organisations (ICOM, ICOMOS, IFLA, and ICA), or national equivalents if there is no national representative (see Membership Guidance), and sent them to the Secretariat?

ICA □ ICOM □ ICOMOS □ IFLA □

13/ Have the written statutes for the organisation been approved by Blue Shield International?

Yes □ No □

14/ Have all the founding members of the proposed Blue Shield national committee read the Rules and Principles of the Blue Shield Association?

Yes □ No □

15/ Have all the founding members of the proposed Blue Shield national committee read the Blue Shield Approach?

Yes □ No □

16/ Have all the founding members of the proposed Blue Shield national committee read the Blue Shield Committee Areas of Activity?

Yes □ No □

17/ Have all the founding members of the proposed Blue Shield national committee read the 2016 Statutes of the Blue Shield Association?

Yes □ No □

18/ Have all the founding members of the proposed Blue Shield national committee read and signed the Declaration?

Yes □ No □

**Please note, all application documents can be viewed on request by any national committee.**

# PART D - Signature

Name and Signature of the Chairperson of the proposed national committee

Date: