

NATIONAL ALLIANCE TO STRENGTHEN FAMILIES AND ALTERNATIVE FAMILY BASED CARE



MEMBERSHIP APPLICATION FORM

Notes on submitting your application:

- Please complete all fields. If a field is not relevant, please insert N/A
- If files to attach are bigger than 25 MB, please email them directly to us: Rose.kagoro@railwaychildren.org.tz
- You can complete the application form in English or Swahili.

Tell Us about Your Organization

Organization name: _____

Acronym (if relevant): _____

Please briefly state the vision, mission and values of the organization: _____

Location of the Organization (please mention the region, district and ward where your organization is located):

Is your organization legally registered? YES NO

Date of Registration: _____

Registration number (Please attach a copy of registration certificate): _____

Names of your organization's current management team and board members: _____

Contact Person: _____

Email address & phone number of contact person: _____

Organization Online Presence (please provide links)

Facebook: _____

Twitter: _____

Instagram: _____

Website: _____

What is the key thematic area(s) of your organization?

Please briefly describe the strategic goals and the main activities of the organization:

Does your organization have a safeguarding or child protection policy? If yes, please send a copy along with this application form. YES NO

Coverage:

Please tell us of any other organizations you collaborate with in the delivery of your work?

Please share more on your Interest to this Coalition

Please tell us why is your organization interested in being part of this coalition? Kindly relate your response to the coalition's vision **"All children in Tanzania are raised in a caring, supportive, and protective family, at all times"**.

How did you hear about this coalition?

Referred by a member Attended a Coalition Meeting Searched on Google

Please provide concrete examples of how your organization supports families to stay together, and or promotes alternative family-based care when children are separated:

Which objectives of the coalition are you most interested in and why?

Policy/Law Reform Awareness Campaigns
 Learning Working with Children/Youth with lived experienced of separation from their families

Kindly provide explanation as to WHY you are interested in the objective(s) you have selected.

Please let us know how you will support the coalition to achieve the objective(s) your organization is interested in?

Is your organization committing to learning, strengthening its skills, work in partnership, share expertise and support others to develop their capacity to deliver the mission and vision of the coalition? YES NO

Title: _____

Signature: _____

Date: _____

Official stamp: _____

Note: _____

Kindly note if you are completing this application on behalf of the organization, we require someone with decision-making authority within the organization to officiate this form.