

O&DFAA Treasurer - John Lardner
8 Snowden Mede,
Headington,
OX3 7TQ,
Tel – 01865 765953
johnlardner@hotmail.com

March 2017

Dear Secretary, Chairman or Treasurer,

Please pass this notice to the treasurer immediately. As usual, please notify us of any change to your association contact details as soon as possible.

Your allotment association's Federation subscription for April 2017 to April 2018 is now due. The fee remains 40p per member. Payment should be made by cheque, payable to the Oxford & District Federation of Allotment Associations, accompanied by the tear-off slip below.

You need to send your payment to me at the address above to arrive by Monday 3rd April 2017 so that your Association is eligible to vote at the Federation's AGM on Tuesday 4 April at 6.30pm in the Town Hall St Aldates, Oxford. I will be at the Town Hall from 6.15pm to accept payments. An invitation to the AGM and the Agenda will be in a separate package. Zurich require all association members to update an insurance statement as was done last year. The form for this is attached and must be returned either at the meeting or to the address above before the AGM.

Our advice is that the **activities of your organisation** should include description of activities of the committee/trustees; activities of working parties; Induction and training, supervision and support, and health and safety information; number of working parties per year; estimated number of volunteers at working parties /per year. You could use last year's number as a guide. I will have a copy of the form that you submitted last year at the town hall if you need to check it.

In the **general details section** please complete volunteers column at *1 & *2 & *3 with number of members who may volunteer to work on the site and number of committee members.

Membership of the Federation enables your association to benefit from the insurance which is held in the name of the Federation. To benefit from this insurance after 1st May 2017 we must have received your subscription and insurance statement before April 4th. We can no longer add association names during the year.

Also enclosed is the annual site survey form and a nomination form. Please return them with the Zurich form.

Yours faithfully
John Lardner
Treasurer

Please return with your remittance and to John Lardner at the address above.

Name of Association: _____

Number of members _____ @ 40p per member = £ _____

Signed: _____ Date: _____

Address to which email receipt should be sent:
[enclose sae for written receipt] _____

2017 April *O&DFAA* Information check

O&DFAA holds a database of information which we use to make informed responses to enquiries. The information needs periodic updating. Often your site rep at the Town Hall liaison meetings is unable to update items on our spreadsheet from memory. Below are items we try to keep updated.

Please return this sheet by email to johnplardner@hotmail.com with as many answers as possible, or by post to John Lardner, Treasurer *O&DFAA*, 8 Snowdon Mede, Headington, OXFORD. OX3 7TQ or bring a paper copy to the Town Hall meeting on 4th April 2017.

Site name
How many members do you have?
Name/contact number/email to enquire for plots
Charge for plots –for 10 poles?..... for 5 poles?..... other?.....
Any discounts – e.g. unwaged, senior etc.?
How many vacant plots at present?
Current lettings, how many are let as 10 Pole plots
As 5 pole plots
As 2½ pole plots
As Other sized plots
Number on Waiting list
AGM month
How many plots needing clearing?
Does the site have an association shed for use by members?
When is it open?
Does the site have a trading shed?
When is it open?
Does the association have a Website? Please give its name.
Do you have Communal facilities like composting, BBQ, or others?
Do you have a Notice board? Yes/No
Is Piped water available? Yes/No
Do you have any Wells? Yes/No
Is a Toilet available on site? YES/NO Mains/septic/composting?
Do you pay for your water or does the bill go to OCC? We pay/ Bill to OCC
Do you have any site car parking? Yes/No
Do you have any raised beds or other provision for aged /disabled?
Detail any site problems which OCC/ODFAA should be aware of This could relate to Fencing, Paths, Trackways, gate, Trees or other issues.

Community & Social Organisations Block Policy Renewal Form



Zurich Insurance plc, a public limited company incorporated in Ireland. Registration No. 13460. Registered Office: Zurich House, Ballsbridge Park, Dublin 4, Ireland. UK Branch registered in England and Wales Registration No. BR7985. UK Branch Head Office: The Zurich Centre, 3000 Parkway, Whiteley, Fareham, Hampshire PO15 7JZ. Zurich Insurance plc is authorised by the Central Bank of Ireland and subject to limited regulation by the Financial Conduct Authority. Details about the extent of our regulation by the Financial Conduct Authority are available from us on request. These details can be checked on the FCA's Financial Services Register via their website www.fca.org.uk or by contacting them on 0800 111 6768. Our FCA Firm Reference Number is 203093.

This form has been specifically prepared for

Members of The Oxford and District Federation of Allotment Association

Name of association name : _____

Completed by : _____ Position in association _____

for the renewal of insurance covers for the period

May 1st 2017 to May 1st 2018

Please Return This Form To	John Lardner	By Date	April 4
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Activities of the Organisation

Please provide full details of your organisation's activities. This should include specific details such as site maintenance activities, number of working parties, the numbers of members with whom you are working; where your activities are carried out; what sort of activities and whether your activities involve contact with children and to what degree, etc

Please include information such as annual number of working parties per year and maximum number of volunteers per working party. Use previous year figures as a guide for your estimate. PLEASE TUR

GENERAL DETAILS (Please complete this Personnel section) note ODFAA members have no employees.

Please include in:

*1 the maximum number of members you would expect to be working on site over the year. and in

*2 the number of trustees and committee members. *This will be an estimate so use previous year figures as a guide*

Category	Forthcoming Annual Period numbers of Volunteers	Forthcoming Annual Period No of Employees	Forthcoming Annual Period Estimated Wages & Salaries for employees
Manual maintenance staff	*1	NIL	£NIL
Nursing & Care staff	NIL	NIL	£NIL
Administration, Professional, Technical, Clerical (APTC) & other salaried staff	NIL	NIL	£NIL
Directors/Committee Members	*2	NIL	£NIL
All other staff (FTE)	NIL	NIL	£NIL
Total	*3	NIL	£NIL

Public and Products Liability (If applicable)

Required Limit of Indemnity?	£5000000
If you manufacture or sell any products please provide details of what these are below, and whether you have any customers overseas NIL	
NIL	

Employers Liability (If applicable)

Do you require this cover? We have NO Employees only volunteers	YES/ NO
Are you PAYE exempt?	YES/ NO *
* If No, please provide your PAYE / ERN ref	____/____

CLAIMS INFORMATION (Please complete this section)

Please provide details of any:- a) claims you have made under this policy in the last 3 years b) any previous policies with other insurers in the last 3 years which relate to covers available under this policy c) any losses which were incurred which relate to covers available under this policy from which a claim did not arise

FURTHER INFORMATION

Please use this space to tell us any other information.
Please include any information which you think may be relevant. Examples of things underwriters would find useful would be risk management initiatives undertaken within the past 12 months and the effects they have had, forthcoming changes within the organisation (i.e. mergers, reorganisations, etc).

NOMINATION FORM

Candidates must indicate their willingness to be nominated by signing this form.

Name.....

Address.....

Telephone.....

Email.....

I agree to be nominated for the following post:

Signature

Nominated by: (PRINT NAME)

Signature

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I agree to be nominated for the following post:

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Please return this form to John Lardner with your ODFAA subscription preferably before or at the AGM