



TANZANIA NETWORK OF LEGAL AID PROVIDERS

Biafra/ Kanisani, bwawani Street, Plot No. 434/42, Along Kawawa Road Kinondoni – P.O. Box 33856, Dar es Salaam, Tanzania, East Africa
Tel; +255 22 2761806 email:tanlaptz@gmail.com website: www.tanlap.or.tz

APPLICATION FOR MEMBERSHIP OF TANLAP

This form comprises sections requesting information for us to assess your organisation's eligibility for membership of TANLAP.

Please send your completed application form to the TANLAP Secretariat through the following address.

Tanzania Network of Legal Aid Providers

Tel: 255(22) 2761806, E-Mail; tanlaptz@gmail.com/info@tanlap.or.tz
www.tanlap.or.tz

Po Box 33856 Dar Es Salaam

The TANLAP staff will be happy to help with any questions you have regarding membership or the application process and forms. The TANLAP MEMART is available on request.

A: Organisation and Contact Details

1. Full Legal Name of the Organisation :.....
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2. Acronym:
3. Address:.....
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4. Mailing Address (*If Different*) :.....
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5. General phone number [Local area code]
6. Fax number: [Local area code]
7. General e-mail
8. Website:.....
9. Other means of contact
10. Contact Person (*This person will be your organisation's main contact point with TANLAP*).
11. Name of contact person:
12. Job title :.....
13. Direct phone number: [Local area code]
14. Fax number: [Local area code]
15. E-mail
16. Other means of contact

B: Organisation Profile

1. Please tick to confirm that your organisation is:

- Non-governmental;
- Not for profit making.
- Carrying out Activities as Legal Aid Providers
- Non-partisan (operates without discrimination in regard to race, nationality, gender, political or religious conviction or social and economic background).
- Community Based Organisation
- National
- Regional
- International
- Academic Institution
- Faith Based Organisation
- Network or Group
- Other (Specify).....
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2. Please Indicate the Areas Your Organisation Works in and any Other Area of Expertise.

Legal Counselling <input type="checkbox"/>	Public Information and Awareness <input type="checkbox"/>	Child protection <input type="checkbox"/>
Fostering and Adoption <input type="checkbox"/>	Education and Training <input type="checkbox"/>	Ethnic Minorities <input type="checkbox"/>
Juvenile Justice <input type="checkbox"/>	Refugees Services <input type="checkbox"/>	Environment <input type="checkbox"/>
Court Representation <input type="checkbox"/>	Research <input type="checkbox"/>	Human Rights <input type="checkbox"/>
Drafting and Filing of Legal Documents <input type="checkbox"/>	Labour Disputes <input type="checkbox"/>	Lobbying and Advocacy <input type="checkbox"/>
Strategic Litigation <input type="checkbox"/>	Follow up of Cases <input type="checkbox"/>	Disputes Settlement <input type="checkbox"/>
Enforcement of Judgments, <input type="checkbox"/>	Paralegal-related Services <input type="checkbox"/>	Consumer Rights <input type="checkbox"/>
Matrimonial Disputes <input type="checkbox"/>	Probate Matters <input type="checkbox"/>	Parole <input type="checkbox"/>

3. Incorporation

- Date your organisation was founded:
- Registration Number.....
- Regions in which your organisation operates:
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- Legal Aid Centres/Clinics operated by your Organisation. *(Please indicate how many Legal Aid Centres/Clinics and their location)*
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- State whether your Legal Aid Program, Centre, Clinic etc. is **(a)** a Standalone or **(b)** a unit of a larger Organisation . If **(b)** please specify.

A Faculty in a Higher Learning Institution.

A Department/Program/an Operation Unit/an Outstation.

Other (specify).....

- Other institutions, networks, groups, or consortia of which your organisation is a member:
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.....

4. Sources of your organisation's funding

Local Donors

International Donors

Membership Fees

Others (Please Specify)
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C: Member Objectives

In order to be a member of TANLAP, an organisation, federation, or network must have objectives consistent with the Objectives of TANLAP as described in TANLAP's MEMART

Please state briefly your organisational objectives.

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For our information, please state how your organisation came to know of TANLAP:

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Please acknowledge that your organisation agrees to participate in preparing and implementing TANLAP's Strategic Plan by ticking this box.

D: Member Activities

In order to be a member of TANLAP, an organisation, federation or network must be providing Legal Aid Services.

Please state briefly your programmes and activities.

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Publications

Please indicate publications issued by your Organisation. If possible indicate frequency of publications, e.g. weekly, monthly, quarterly, etc.

- Newsletters
- Annual Reports
- Brochures.....
- Bulletins.....
- Others (Please Specify)

E: Member Expectations of TANLAP

What does your organisation hope to gain from membership of TANLAP?

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Please add other relevant information about your organisation, for example names of quality or accountability standards your organisation has adopted, etc. *(Please attach documents where possible)*

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F: Communication.

How frequent does your Organisation use e-mail? Frequently Rarely Neither

How frequent does your Organisation visit Web-Sites? Frequently Rarely Neither

Which is the most reliable way to communicate with you? Telephone e-mail fax
Post Mail Other (Please Specify).....

G: Documentation

Your organisation's application requires copies of all the documents below to be included. If any of these documents are missing, your application will be considered incomplete and cannot be processed.

Please tick to confirm that the following documents are included in your application:

- Statutes, constitution, founding charter, or similar document;
- Organisational Profile
- List of member organisations (if applicable);

H: Reference

Please provide contact details of a TANLAP member that can be contacted for a reference:

Contact person:

Position:

Organisation:

Direct phone number:.....

Fax number:.....

E-mail:.....

How does this referee know your organisation?

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Additional reference (optional)

Contact person:

Position:

Organisation:

Direct phone number:.....

Fax number:.....

E-mail:.....

How does this referee know your organisation?

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I: Declaration

Being fully aware of the duties, obligations, terms and conditions required of an organization to become TANLAP member I hereby apply for membership of TANLAP on behalf of the organisation whose particulars and description appear as applicant in this application form.

Signed:

Name:

Date:

Position:

Official Stamp/SEAL