**Sussex Safe Space Scheme - New Member Application Form**

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| **Venue Name** |  |
| **Full Address** |  |
| **Lead Contact Name**  (Including job title): |  |
| **Lead Contact Details**  (Include email address and phone number): |  |
| **Days/Times the venue is available as a Safe Space** |  |
| **Staffing Information:**  Is there always more than one member of staff on the premises? If yes, please provide any details of who this may include. | ☐ Yes ☐ No  Please provide details: |
| **What facilities are available?** | Private or quiet area, available for use 🞏  Access to phone 🞏  Toilet 🞏  Water 🞏 |
| **Is the venue and the facilities wheelchair accessible?** | ☐ Yes ☐ No  Please provide details: |
| **Is there any other information you think would be helpful to provide?** (e.g.is a first aider always on-site, have staff received safeguarding training, or are there security guards on site?) |  |
| **Is there CCTV in use at the space?** | ☐ Yes ☐ No  If yes, please provide details of locations covered: |
| **Are you part of any other similar schemes, e.g. Ask for Angela** | ☐ Yes ☐ No  Please provide details: |
| **Is there any additional support available? *Examples below:***   * *First aider on site* * *Mental health first aider on site,* * *Additional needs support,* * *Language/multi-lingual support,* * *Neurodiverse support* * *Elder support* |  |

**Declaration**

I understand that the information provided in this application will be reviewed and assessed appropriately by the OSPCC Victim Services Team. A member of the team will contact us to arrange a site visit as part of the application process.

If our venue is accepted onto the Safe Space Scheme, I acknowledge that it is my responsibility, as the lead contact, to ensure all information remains up to date. Any changes must be communicated by emailing **SafeSpaceSussex@sussex-pcc.gov.uk** or via the Self-Serve Login at [**www.safespacesussex.org.uk**](http://www.safespacesussex.org.uk).

I agree to notify the Scheme of any complaints or concerns received that may affect our suitability to remain a Safe Space.

I confirm that the ***Member Information and Training Document*** will be provided to all staff members for awareness.

I agree to display the Safe Spaces Scheme materials (window sticker, posters, and leaflets) as

required.

**Signed:**

**Name:**

**On behalf of:**

**Date:**

Please send the completed form to [safespacesussex@sussex-pcc.gov.uk](mailto:safespacesussex@sussex-pcc.gov.uk)