

**University of Suffolk Students’ Union: New Society Application Form**

**Contact information:**

|  |  |
| --- | --- |
| Name |  |
| Student Number |  |
| Email Address |  |
| Telephone Number |  |
| Course |  |
| Year |  |

**Pledged committee members:**   
  
*You must put forward a President, Secretary and Treasurer to start a new society. The pledged students will agree to act as those committee roles and represent the SU.*

|  |  |  |  |
| --- | --- | --- | --- |
| **President** | | | |
| Full Name | Student ID | Phone Number | Email address |
|  |  |  |  |
|  | | | |
| **Secretary** | | | |
| Full Name | Student ID | Phone Number | Email address |
|  |  |  |  |
|  | | | |
| **Treasurer** | | | |
| Full Name | Student ID | Phone Number | Email address |
|  |  |  |  |
|  | | | |
| **Optional Extra Position – Wellbeing Officer** | | | |
| Full Name | Student ID | Phone Number | Preferred email address |
|  |  |  |  |
|  | | | |
| **Optional Extra Position – Social Secretary** | | | |
| Full Name | Student ID | Phone Number | Preferred email address |
|  |  |  |  |

**Potential Society Name:**

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**What will your society be about and why will it stand out from the others?**

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|  |

**What will your proposed society aim to achieve?**

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |

*You must not undertake any committee related responsibilities, without first, undergoing training and be allocated your position by the SU Opportunities Coordinator.*

**Our Policy**

It is the policy of the SU that all New Society Application Forms are ratified by the SU and/or the Activities Committee. Please read the activities planner before submitting the application, to ensure you fully understand the expectations and policies governing all societies in affiliation with the SU.

If you complete this form online, email your completed version to su.activities@uos.ac.uk. If you complete this form in paper, please drop it off to the SU reception desk to the attention of the Student Opportunities Coordinator.

Thank you for completing this form and we will contact you once we have reviewed your application.

**I accept that I have read and understood the application in full. By signing, I understand that I am a representative of University of Suffolk Students’ Union and the University and shall adhere to the contracts and statements provided.**  
Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If anyone has any questions relating to this document, then please do not hesitate to contact the Student Opportunities Coordinator on [su.activities@uos.ac.uk](mailto:su.activities@uos.ac.uk) or 01473 338169