**END OF YEAR FORMS**

It is the responsibility of your WI Officers to return the following forms to WI House immediately after your annual meeting by post or email.

Please tick:

Treasurer -

Ჿ **FINANCIAL STATEMENT** – signed by President,

Treasurer, IFE. Full 4 pages completed.

President or Secretary –

Ჿ **OFFICER FORM (A)**

Ჿ **ANNUAL TRUSTEES REPORT FORM (B)** (a requirement of the Charity Commission, and demonstrates how your WI meets the Charitable requirements)

Ჿ **ANNUAL REPORT FORM (C)**

O A copy of the Trustee/ Secretary's Report ( the oral report delivered at the annual meeting)

These forms were sent or emailed to your WI in February. Copies can be downloaded from the Hampshire Hub, the HCFWI website or email [ticketing@hampshirewi.org.uk](mailto:ticketing@hampshirewi.org.uk)

WI House

22-24 Station Hill

Southampton Road

Eastleigh

SO50 9XB

Tel: 023 8061 6712

**HAMPSHIRE COUNTY FEDERATION OF WIs**

**2024/2025 OFFICER FORM (A)**

Please complete every section of this form below IMMEDIATELY after your 2024 WI Annual Meeting to enable an update to MCS. Only HCFWI emails will be published not personal email addresses. Send it together with the Annual Report Form (C) and your Financial Statement to WI House by 15 July 2024.

This is a requirement of the Charity Commission. Please use block capitals (except for email addresses).

**Section 1 – Details of your WI**

|  |  |  |
| --- | --- | --- |
| Name of WI | | Group Name |
| If the venue, date or time of your WI Meeting has changed in the last year, please tell us | |  |
| Number of members | Full: | Dual: |
| Average attendance |  |  |
| Would your WI like to continue/be part of the IFE scheme\*? | | Yes/No |

\*If you would like to be a part of the IFE Scheme, please contact WI House.

**Section 2 – Details of your Officers 2024/25**

Please ensure a personal email address is given where possible so that we can send details of the HCFI email and password for your Officer role, this will not be published. Please use capital letters. If you have joint Officer roles, please indicate.

|  |  |  |  |
| --- | --- | --- | --- |
| **PRESIDENT** Mrs/Miss/Ms/Other – please circle  First name  Surname | | **SECRETARY**  Mrs/Miss/Ms/Other – please circle  First name  Surname | |
| Contact no. | | Contact no. | |
| Please tick  Ჿ I am using and will continue to use my HCFWI email  **OR**  Ჿ Please send details and password of the President HCFWI email to be used for all WI business | | Please tick  Ჿ I am using and will continue to use my HCFWI email  **OR**  Ჿ Please send details and password of the Secretary HCFWI email to be used for all WI business | |
| Contact email address to send details to: (if it is a joint position tell us both your details) | | Contact email address to send details to: (if it is a joint position tell us both your details) | |
| **TREASURER** Mrs/Miss/Ms/Other  First name  Surname | |  | |
|  | |  | |
| Contact no: | | |
| Please tick  ᲿI am using and will continue to use my HCFWI email.  **OR** | ᲿPlease send details and password of the Treasurer HCFWI email | |
| ᲿMonthly statement will be emailed to your Treasurer | | |

**Section 3 - Communication**

|  |  |
| --- | --- |
| Application forms or communication from HCFWI will be sent electronically.  Any queries please contact W I House |  |
| Hampshire News will be sent to the WI. If someone other than the Secretary is receiving the magazines, please give details. |  |

Please note that all posting and application forms can be viewed on Hampshire Hub, which you can log into with your HCFWI email account and all application forms will be on the Hampshire website.

|  |  |
| --- | --- |
| Web Editor name | Email: |
| Press officer name | Email: |
| MCS Rep name | Email: |

It is your responsibility to ensure that all details on MCS have been

* Entered for all new members joined in the last year

Please send details and password of the Treasurer HCFWI email

* Deleted all members who have not re-joined since April

Please send details and password of the Treasurer HCFWI email

* Officer details have been updated

Please send details and password of the Treasurer HCFWI email

Signed ……………………………………………………………………………………………………………………………………… (Officer of WI)

**ANNUAL REPORT FORM (C)**

Please complete this IMMEDIATELY after the WI Annual Meeting and return it

to WI House, 22-24 Station Hill, Southampton Road, Eastleigh. SO50 9XB

|  |  |
| --- | --- |
| Name of your WI: |  |
| Group name: |  |

|  |
| --- |
| **Your WI** (May 2023- May/June 2024 - delete as appropriate) |
| Did your WI make or amend any Byelaws this year? YES?NO (delete as appropriate) |
| If Yes, has the proposed Byelaw been approved by the Hampshire Board of Trustees? YES/NO (delete as appropriate) |
| What sub-groups does your WI have in addition to the monthly WI Meeting?  Please list below: |

|  |
| --- |
| Has your WI (or your members) taken part in any community events or services this year? YES/NO (delete as appropriate).  Please list below: |

*Please remember to tell the community about your achievements – by contacting the local paper, and by sending an article and photos into the Federation’s Secretary, for Hampshire News and HCFWI’s Facebook page.*

**ANNUAL TRUSTEES REPORT for the year May 2023 to June 2024 (B)**

***(NOTE: Each WI is a charity in its own right regardless of whether it is registered with the Charity Commission. Every member of the WI Committee is automatically a Charity Trustee)***

|  |  |
| --- | --- |
| Name of WI  (which is an unincorporated association) |  |
| If your WI is registered with the Charity Commission please quote the Reg no. |  |
| Registered Address:  If you have a different registered address, please state here. | WI House, 22-24 Station Hill, Southampton Road, Eastleigh. SO50 9XB |

The Trustees (Committee members) for the year ended June 2024 are elected by the Members at the Annual Meeting. Trustees have the opportunity to receive training in their role through the HCFWI.

The Trustees for the year ending May/June 2024 are:

|  |  |  |
| --- | --- | --- |
| Name | Office held | Date acted if not a full year |
|  | President |  |
|  | Secretary |  |
|  | Treasurer |  |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

Note: You+ should include the names of all Trustees and anyone who acted as a Trustee during the period covered by the report giving dates during which they were Committee members. If the inclusion of a particular name might put any Charity Trustee in personal danger please contact the Charity Commission for permission for the name not to be disclosed.

1. The Charity’s governing document is the Constitution and Rules for Women’s Institutes as published by the NFWI.
2. The objects of the charity are to further the purpose of the WI Movement.
3. The policy on financial reserves is that 12 months average expenditure should be held and the current reserves represent ………..month’s average expenditure.
4. The accounts are/are not (delete as appropriate) in deficit.
5. During the year the activities and achievement (speakers etc) of the WI included:… Please list on a separate sheet.
6. During the year we have held ……… monthly meetings and ………. Committee meetings.
7. Members meet regularly to pass on skills and encourage high standards of participating in WI Competitions, exhibitions and events.
8. Members have taken advantage of the many education opportunities offered by HCFWI, taking part in activities, events and training.
9. Members have had the opportunity to discuss the Resolutions for the NFWI Annual Meeting and the opportunity to support ACWW in furtherance of the international aspect of the Constitution.
10. Members have had the opportunity to enjoy friendship, to learn, to widen their horizons and to influence local, national and international affairs, within the context of the Constitution and Rules for WI.

The Trustees have approved the above report.

|  |  |
| --- | --- |
| Signed: | President: |
| Full Name: | Date: |