**BLAENAVON WORLD HERITAGE ENVIRONMENT GROUP APPLICATION FORM 2018**

|  |  |  |  |  |  |  |
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| **PERSONAL (BLOCK CAPITALS PLEASE)** | | | | | | |
| Surname ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **ABOUT YOU** | | | | | | |
| Why are you interested in joining the group, and what type of activities would you like to take part in?  Please provide information of any skills, experience or interests that you may have, e/g. previous voluntary work, any certificates that may be relevant to the group’s work. | | | | | | |
| **GENERAL** | | | | | | |
| Do you hold either of the following: Full Driving Licence **YES/NO** PSV Licence **YES/NO** | | | | | | |
| **SAFETY** | | | | | | |
| To enable us to ensure your welfare and to plan our first aid provision please answer the following questions | | | | | | |
| Emergency Contact Name |  | | Address |  | | |
| Tel |  | |  | | | |
| Relationship to you |  | |
| Is there any work which you might find difficult because of health reasons (*please describe)* | | | | | | |
| Are you taking any medications which a first aider or doctor would need to be aware of? | | | | | | |
| Is there any other information which we may need to ensure your safety? E.g. Colour Blindness, hearing impairment, allergies, learning difficulties? | | | | | | |
| **IF APPLICABLE** – when working out of doors it is advisable to have protection against Tetanus | | | | | | |
| I have received an inoculation against tetanus which is still valid | | | | | |  |
| I do not have a current valid tetanus inoculation but I will obtain one | | | | | |  |
| I do not know but I will contact my doctor to check | | | | | |  |
| **DATA PROTECTION ACT** | | | | | | |
| I agree to my personal details being passed to BWHEG, filed and stored on BWHEG’s secure electronic storage system in compliance with the General Data Protection Regulation 2018.  BWHEG’s main form of contact is via email, but there may be rare occasions when the postal service is required.  Please indicate if you agree to be contacted in this way.  Emails Yes/No Post Yes/No  I understand that the information may be used for evaluation and correspondence purposes. I confirm that the details on this form are correct.  Signature: Date: | | | | | | |
| **Return: FAO BWHEG, WORLD HERITAGE CENTRE, CHURCH ROAD, BLAENAVON, TORFAEN, NP4 9AS**  **or via email to BWHEG@hotmail.co.uk** | | | | | | |
| **ACTION – office use only** | **DATE COMPLETED** | **ACTION – office use only** | | | **DATE COMPLETED** | |
| Added to contact/mailing list |  | GDPR preference(s) noted | | |  | |
| Welcome chat |  | Handbook/resource pack issued | | |  | |

