

EMERGENCY FAITH RESPONDERS

Application Form

Please complete in BLOCK CAPITALS and return to CTAL, Office Six,
72a Newark Road, LINCOLN, LN5 8PY

TITLE _____

FULL NAME _____

NAME (as you would like it to appear on your responder's badge)

AGE _____

ADDRESS _____

POSTCODE _____

EMAIL _____

LANDLINE PHONE NUMBER _____

MOBILE PHONE NUMBER _____

DENOMINATION _____

DO YOU DRIVE _____

OWN CAR _____

p.t.o.

DO YOU HAVE A CURRENT DBS CHECK _____

WHO WITH (employer/denominational body etc) _____

DO YOU HAVE ANY SPECIAL SKILLS WHICH YOU FEEL WILL HELP YOU AS AN EMERGENCY RESPONDER :

DO YOU HAVE ANY MEDICAL OR OTHER RESTRICTIONS WHICH MAY AFFECT WHEN YOU CAN BE CALLED OUT, OR WHAT KIND OF EMERGENCY YOU CAN ATTEND :

By signing and submitting this form, I consent to Churches Together in All Lincolnshire holding this data about me, and using it for the purposes of the Emergency Responders network. I understand that the data will be held by CTAL and the Diocese of Lincoln, and that it will only be used for the purpose specified, and in accordance with Data Protection legislation.

Signed

Date _____
