

Please complete the following form.

Name………………………………………………………………………………………………

Address……………………………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………… Post Code………………………………………………………..

Telephone number (include STD) home………………………………………………………………………………………………………………………

Work or mobile if different from the above………………………………………………………………………………………………………………..

Email address……………………………………………………………………………………………………………………………………………………………..

Please list any illness or medication taken that our staff need to be aware of, I.e. Asthma, Diabetes etc………………………

………………………………………………………………………………………………………………………………………………………………………………………

Previous experience if applicable …………………………………………………………………………………………………………………………………….

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GDPR

Please read these carefully:

We will always keep your personal details confidential and secure.

I am happy to be contacted by email: yes no

I am happy to be contacted by phone (in an emergency): yes no

I am happy to have my pictures taken and used on our website: yes no

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

Print your name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_