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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? | | | | | |
| **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? Y / N | | | | | |
| Is there any other information which we may need to ensure your safety? E.g. Colour Blindness, hearing impairment, allergies, learning difficulties? | | | | | |
| When working out of doors it is advisable to have protection against Tetanus | | | | | |
| I have received an inoculation against tetanus which is still valid | | | Y / N | | |
| If you have answered “No” and intend to assist with practical tasks then please contact your doctor to arrange inoculation. | | | | | |
| **MEMBER AGREEMENT** | | | | | |
| Whilst a member of BWHEG you can expect to:  1. work in an environment in which all people feel equally valued  2. be treated with respect and courtesy  3. have safe working conditions with adequate insurance cover  4. receive regular communication about group activities  5. be free from discrimination  We expect you to:  1. be reliable and honest  2. treat all others with same degree of respect and courtesy you would expect to receive  3. tell the task organiser if you are unable to attend or running late for a work party when you are expected 4. be accountable to your task leader  5. act within the group’s policies, e.g. health & safety and insurance conditions. (available on request)  6. ask for support if you need it  7. respect confidentiality  8. respect the work of the organisation and not bring it into disrepute. | | | | | |
| **PHOTO PERMISSION** | | | | | |
| BWHEG and partner organisations may wish to take photographs and/or video footage of the below named person to be used for publicity purposes. These images could be used on the printed material, websites and social media pages of these organisations.  Any photos you take whilst volunteering, that you provide to other group members or volunteers afterwards, may also be used by the same organisations and for the same purpose.  By completing and signing this membership application form you are agreeing to the above. | | | | | |
| **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 | | |  |

