



Registration Form

Full Name:	
Date of Birth:	Gender: Male/Female
Address:	
Postcode:	
Tel Number:	
Mobile:	
Email:	
Have you been Disclosure Scotland/PVG/DBS checked: Yes/No	
If Yes please provide following info:	
Date of check:	
What Scheme: Disclosure Scotland/PVG/DBS:	
Registration Number:	
Current employment & position: Please state below	
Work Experience: This should be relevant to welfare or working at events or festivals	
Why do you want to be part of the welfare team? Please add any additional skills or personal qualities which you think is relevant	

Qualifications: Please tell us of any relevant qualifications or training you have completed:

	Yes	No	Details
Befriending			
Child Protection			
Counselling			
Drug & Alcohol Awareness			
First Aid			
Mental Health First Aid			
Sexual Health			
Youth Work			
Current Driving Licence			
Other			

Do you have any medical conditions or additional needs we should be aware of: Yes/No

If Yes please provide details below:

Please provide two professional references, (these should not be family members):

Reference 1	Reference 2
Name:	Name:
Address:	Address:
Telephone No:	Telephone No:
Email:	Email:
Relationship to you:	Relationship to you:
How long have they known you:	How long have they known you: