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Charity Registration No. 281074 Registered in England as a Company Limited by Guarantee No. 1095198

This form will only be used to give us some preliminary information about you.

Title:..... Forename:..... Surname:.....

Address:.....

..... Postcode:.....

Date of Birth:..... Religious Denomination:.....

Tel: (day)..... Tel: (eve if different).....

1. How did you come to contact HCPT?.....

2. What do you know about the work of HCPT?.....

3. Do you have any experience of working with children?.....

4. Do you have any experience of working with other charities/voluntary groups?.....

5. Do you have any professional health qualifications?.....

6. Do you have any special skills or talents that would be of value to the group?.....

7. Are you prepared and able to push a wheelchair? (*please circle*) **Yes/No**

8. What do you imagine would be required of a helper in a HCPT group?.....

9. Please give any other information you think might be relevant to your application.....

N.B. If you are invited to join a group, and haven't travelled with HCPT before or in the last 2 years, you will need to undergo an interview and provide references. All HCPT Helpers must have an Enhanced Disclosure from the Criminal Records Bureau (CRB).

Signed:..... Date:.....

PLEASE COMPLETE THIS FORM (front & back) AND RETURN TO THE ABOVE ADDRESS ALONG WITH PAYMENT OF £50* TO ARRIVE BEFORE 31st JAN. 2007

COMPLETION OF THIS FORM AND FULL PAYMENT OF THE DEPOSIT DOES NOT GUARANTEE A PLACE IN A GROUP

* This money will be returned to you if no group is able to offer you a place. If you are offered a place and accept it, the money will be used as part payment of your fare.

