Presbyterian Church in Ireland Taking Care Two

**::12.15 REGISTRATION OF DESIGNATED PERSON**

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| --- |
| Name of Congregation: |
| Name of applicant: |
| **Please outline any:** |
| Previous / current experience of working with children: |
| Knowledge of child protection issues: |
| **Contact Information** |
| Address: |
| **Phone Numbers** |
| Home: |
| Work: |
| Mobile: |
| Email: |
| **How would you prefer to receive Taking Care Updates?** |  |
|  | by post |  | by email |