Presbyterian Church in Ireland Taking Care Two

**::12.15 REGISTRATION OF DESIGNATED PERSON**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |