

::12.15 REGISTRATION OF DESIGNATED PERSON

Name of Congregation:
Name of Applicant:

Please outline any:

Previous / current experience of working with children:

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Knowledge of child protection issues:

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Contact Information

Address:

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Phone Numbers

Home:

Work:

Mobile:

Email:

How would you prefer to receive Taking Care Updates?

<input type="checkbox"/> By Post	<input type="checkbox"/> By Email
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