

ABERGLASLYN MOUNTAIN RESCUE TEAM TÎM ACHUB MYNYDD ABERGLASLYN



APPLICATION TO BECOME A SUPPORT GROUP MEMBER

Please return completed application forms to :

The Secretary
Aberglaslyn Mountain Rescue Team
1 Church Street
Penrhyndeudraeth
Gwynedd
LL48 6AB

secretary@aberglaslyn-mrt.org

TÎM ACHUB MYNYDD ABERGLASLYN ABERGLASLYN MOUNTAIN RESCUE TEAM



You must complete all sections of this form in person, in either **black ink** or typeface. Please use continuation when necessary and clearly mark which questions they refer to. Please put your full name at the top of each continuation sheet. Please also mark Sections that do not apply to you with the letters N/A.

Data Protection Act 1988

The information you provide in this application form will be entered into both a manual filing system and a computerised system and as such is covered by the rules set out by the Data Protection Act 1998. The data will be used to assess your suitability to join the organisation and may be shared with other Mountain Rescue Teams and partner agencies. The information you provide may also be held on file for a period not exceeding 7 years.

For Office Use Only

Application Received

Acknowledgment Sent

Assessed by Committee

Date of Filing

Personal Details

Title Surname First Name(s)

Age Date Of Birth Occupation

Address Postcode

Contact Details

Telephone Numbers (Including Area Code) Home

Work Mobile

Email Address (If Applicable)

Next of Kin

Surname First Name(s)

Telephone Numbers (Including Area Code) Home

Work Mobile



Disabilities or Illnesses

The Equality Act 2010 prohibits discrimination, victimisation or harassment in employment and membership of organisations. This includes any application process. The Aberglaslyn Mountain Rescue Team welcomes the recruitment of people who have disabilities.

Do you suffer or have you ever suffered from any serious injuries, recurring illness or disability ?

YES

NO

If YES, please give details

In support of your application, please let us know if you believe there are any reasonable adjustments we should be making to enable you to do perform the role or assist with your application.

Availability

Have you informed your employer about your application for membership of the Team

YES

NO

Do you have a full UK driving licence?

YES

NO

Do you own a car ?

YES

NO

References

Please provide us with names and addresses of two referees who you have known for at least three years. Referees should not be immediate family members if possible, although references are welcomed from employers and current or previous members of the Team.

TÎM ACHUB MYNYDD ABERGLASLYN ABERGLASLYN MOUNTAIN RESCUE TEAM



Surname

First Name(s)

Telephone Numbers *(Including Area Code)*

Home

Mobile

Work

May we contact this Referee now?

YES NO

Surname

First Name(s)

Telephone Numbers *(Including Area Code)*

Home

Mobile

Work

May we contact this Referee now?

YES NO

Criminal Convictions

Mountain Rescue Teams throughout the UK are the responsibility of the Police Service, and are often privy to sensitive information through an information sharing agreement. Support Group members may be present at our Rescue Centre during a live incident, therefore it is imperative that any applicants are of good character.

Have you ever been arrested or convicted for any offence?

YES NO

If YES, please provide details

Have you any traffic convictions including speeding offences and fixed penalty notices ?

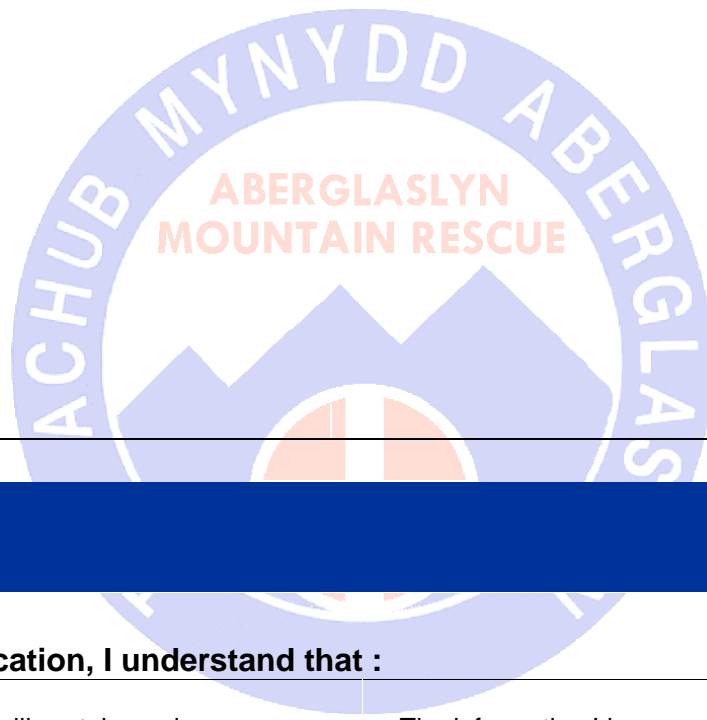
YES NO

If YES, please provide details



Experience

Please include details of any other experience / training you feel may support your application
(i.e Community / Voluntary Work, Transferrable Skills)



Declaration

In making this application, I understand that :

- Any Member who has deliberately made any false statement or omitted information in order to obtain membership of the organisation may subsequently be liable to disciplinary proceedings and / or be required to terminate their membership
 - The information I have provided may be held on manual filing and computer systems as part of the application process and for future reference if successful in obtaining membership of the organisation
-
- I understand the Committee retains the right to reject any membership application without giving reasons

I declare that all the statements I have made in this application are true to the best of my knowledge and belief and that no relevant information has been withheld

_____/_____
Signed Date