



Membership Application Form

Please complete both pages in BLOCK CAPITALS, sign and return to one of the addresses below. You must be at least 18 years old to apply for membership of Radio Clatterbridge.

Full Name _____ Date of Birth*

DD	MM	YY
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Address _____

Home Phone _____ Mobile Phone _____

e-mail _____ Occupation _____

Which areas of the station are you interested in? *Please tick*

- Request Collecting
- Studio Assisting
- Presenting
- Other (*Please specify*) _____

When are you regularly available to help out? *Please tick*

- | | | | | | |
|--------------------|--------------------------|----------------------|--------------------------|--------------------|--------------------------|
| Monday mornings | <input type="checkbox"/> | Monday afternoons | <input type="checkbox"/> | Monday evenings | <input type="checkbox"/> |
| Tuesday mornings | <input type="checkbox"/> | Tuesday afternoons | <input type="checkbox"/> | Tuesday evenings | <input type="checkbox"/> |
| Wednesday mornings | <input type="checkbox"/> | Wednesday afternoons | <input type="checkbox"/> | Wednesday evenings | <input type="checkbox"/> |
| Thursday mornings | <input type="checkbox"/> | Thursday afternoons | <input type="checkbox"/> | Thursday evenings | <input type="checkbox"/> |
| Friday mornings | <input type="checkbox"/> | Friday afternoons | <input type="checkbox"/> | Friday evenings | <input type="checkbox"/> |
| Saturday mornings | <input type="checkbox"/> | Saturday afternoons | <input type="checkbox"/> | Saturday evenings | <input type="checkbox"/> |
| Sunday mornings | <input type="checkbox"/> | Sunday afternoons | <input type="checkbox"/> | Sunday evenings | <input type="checkbox"/> |

Have you ever been a member of another radio station? *Give station names*

What can you offer to Radio Clatterbridge? *Use another sheet if needed*

Signed _____ Date

DD	MM	YY
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Please continue on the next page...



Membership Application Form

Radio Clatterbridge is committed to the safeguarding of the young people and vulnerable adults that serve within Clatterbridge Health Park. Therefore, membership to the organisation is deemed exempt of the Rehabilitation of Offenders Act 1974 in relation to sexual offences.

Have you ever been convicted of a criminal offence, other than a spent conviction under The Rehabilitation of Offenders Act 1974? Please tick

NO	YES
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→ *If yes, please give details:*

Please note: Having a conviction will not necessarily bar you from being offered membership.

A satisfactory criminal records check is required for all membership appointments.

Please give details of two referees. These must not be family members.

	Referee 1	Referee 2
Name	_____	_____
Address	_____	_____
	_____	_____
Post Code	_____	_____
Telephone Number	_____	_____
Email	_____	_____
Capacity referee is known	_____	_____

I confirm that all the information I have provided is accurate. I give permission for Radio Clatterbridge to request a reference from at least one of the names above. This information and details of disclosures may be shared with the organisations we work in partnership with within Clatterbridge Health Park in line with the Data Protection Act 1998.

Signed _____ **Date**

DD	MM	YY
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Please return to the Membership Officer at:
Radio Clatterbridge, Clatterbridge Health Park, Wirral CH63 4JY or
membership@radioclatterbridge.co.uk

FOR OFFICIAL USE ONLY	Application: ACCEPTED / REFUSED / PENDING	Review: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">DD</td><td style="width: 20px; text-align: center;">MM</td><td style="width: 20px; text-align: center;">YY</td></tr></table>	DD	MM	YY
DD	MM	YY			
Ref1	Ref2	DBS			
Sponsor Member: _____		Joined: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">DD</td><td style="width: 20px; text-align: center;">MM</td><td style="width: 20px; text-align: center;">YY</td></tr></table>	DD	MM	YY
DD	MM	YY			