|  |  |
| --- | --- |
| **Full Name** |  |
| **Address** |  |
| **Email** |  |
| **Length of Sobriety** |  |
| **Home Group** |  |
| **Seconded by**(Signature and phone number of Secretary, GSR or homegroup member 1year plus sobriety) |  |
| **DBS Check:** **Y/N/NA** |  |
| **Training Completed.** |  |
| **Signature of Trainer** |  |
| **Signature of Member** |  |