|  |  |
| --- | --- |
| **Full Name** |  |
| **Address** |  |
| **Phone Number** |  |
| **Email** |  |
| **M/F** |  |
| **Home Group** |  |
| **Availability** |  |
| **Area you can cover.** |  |
| **DBS Check: Y/N** |  |
| **Have you been convicted of an offence resulting in you being on the DBS barred list under Safeguarding Vulnerable Groups Act 2006? or Protection of Vulnerable Groups (Scotland) act 2007** |  |
| **Signature of member** |  |
| **Seconded by****(Signature and phone number of Secretary, Treasurer or GSR)**  |  |

**Information given to the responders on the helpline will be only what is necessary: first name, phone number, availability, area covered.**