#### Application for Member Training Workshop Version 6.1. 1.6.2018

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| **Course Title and Venue** | | **Date** |
| Name |  | |
| Address |  | |
| Telephone / mobile No |  | |
| Email address |  | |
| AWGB membership No |  | |
| \* Date of Birth (If under 21) |  | |
| Previous workshops attended in this calendar year, including dates |  | |

Please use this box to tell us about your woodturning experience

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\* if you will be 18 or under at the time of the course you must also complete a parental consent form.

**By signing this application, you confirm that you have read and understood the following**:

*“I understand that I am required to follow all instructions from the course tutor in respect of safety and behaviour. I understand that if I repetitively fail to observe such instructions I will be asked to leave the course.”*

**Data Protection:** The information you provide on this form will be used for dealing with your application. We may pass on your contact details to the course provider. By signing this form you are giving consent for the AWGB to use your data as described here and in our privacy policy which can be found at www.awgb.co.uk/privacy-policy. Your data will be used and stored in accordance with this policy.

Signed: Date:

Parental consent if under 18

Signed: Date: