#### Application for Demonstrator Training Workshop Version 2.3

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| **Course Title and Venue** | **Date** |

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| --- | --- |
| Name |  |
| Address |  |
| Telephone / mobile No |  |
| Email address |  |
| AWGB membership No |  |
| Date of Birth (If under 18) |  |
| Branch/Club (if applicable) |  |

**Woodturning Experience/speciality:** Please use this box to tell us about your experience

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**Demonstrating/teaching Experience:** Please use this box to tell us about your experience

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**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: