



## Membership Application Form

Radio Calderdale, Calderdale Royal Hospital, Salterhebble, Halifax, HX3 0PW Tel: 01422 224694  
www.radiocalderdale.org

Important Instructions: Complete all boxes in black or blue pen only. Please use block capitals

### Personal Details

|          |                      |                    |                      |     |                      |
|----------|----------------------|--------------------|----------------------|-----|----------------------|
| Name     | <input type="text"/> | Date of Birth      | <input type="text"/> | Age | <input type="text"/> |
| Address  | <input type="text"/> | Telephone Numbers: |                      |     |                      |
|          |                      | Home               | <input type="text"/> |     |                      |
|          |                      | Work               | <input type="text"/> |     |                      |
|          |                      | Mobile             | <input type="text"/> |     |                      |
| Postcode | <input type="text"/> | E-Mail             | <input type="text"/> |     |                      |
|          |                      | Occupation         | <input type="text"/> |     |                      |

### Transport

Do you hold a current full driving licence?

Do you have your own transport?

### Activities:

Please indicate which activities you are particularly interested in at this stage. eg presenting a show, ward visiting/request collecting, engineering, sport, fundraising, news etc. Regular attendance is required in order to commence studio training.

### Other Information

Please include any additional information you think would be relevant to support your application for membership. For example; any previous radio experience or previous voluntary work.

How did you hear about Radio Calderdale?

## Checks

The Association requires a CRB check and medical check prior to accepting your application for membership. Because of the nature of the work, this position is exempt from the provision of section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act (Exemptions) order 1975. Applicants are therefore not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act. In the event of acceptance for voluntary work any failure to disclose such convictions could result in dismissal or other action by the Association. Any information given is treated with the strictest of confidence.

Do you have any past, present or pending criminal convictions, spent or unspent?

If YES please give details

If you have any form of disability or illness which may require additional support to assist you while volunteering for Radio Calderdale please provide details below.

## Referees

Please give the names of two people who you have known for at least two years (not a relative) to whom we can apply for **WRITTEN** references. At least one must be your current or most recent employer. Please note we cannot proceed with your application until we receive these references.

|                |                      |               |                      |
|----------------|----------------------|---------------|----------------------|
| Name           | <input type="text"/> | Name          | <input type="text"/> |
| Address        | <input type="text"/> | Address       | <input type="text"/> |
| E-mail Address | <input type="text"/> | Email Address | <input type="text"/> |
| Tel            | <input type="text"/> | Tel           | <input type="text"/> |
| Relationship   | <input type="text"/> | Relationship  | <input type="text"/> |

Sent: / / Rec'd: / / **OFFICIAL USE ONLY** Sent: / / Rec'd: / /

## Signature

I hereby state that the information included on this application form is truthful and that no information has been withheld or mis-stated. I furthermore agree to adhere to the constitution and rules of the Association and agree to be bound by them when working for Radio Calderdale. I also understand that if my application for membership is accepted, I will have to pay an annual membership fee.

Signature

Date of Signature

Please return this form to the address overleaf or to [radiocalderdale@btinternet.com](mailto:radiocalderdale@btinternet.com)

**You will be contacted once we have a reply from your referees.**

The annual membership fee is charged at £25 (waged) or £12.50 (Unwaged) pro rata. This fee is waived for the first year of membership

**Radio Calderdale is committed to equality of opportunity and does not discriminate on the grounds of Disability, Gender, Race, Religion, Ethnicity, Age or Sexual Orientation**