

Woodhead Railway Museum, Guide Bridge Station, Guide Lane, Audenshaw, Tameside M34 5HF

Email: woodheadgroup@gmail.com

VOLUNTEER REGISTRATION PACK

Prior to completing this application pack, we do ask that you first become a paid member of the Woodhead Railway Heritage Group, please visit our website to join [www.wrhg.co.uk](http://www.wrhg.co.uk)

**PLEASE ENSURE ALL DETAILS ARE COMPLETED CORRECTLY, ANY INCORRECT INFORMATION MAY RESULT IN TERMINATION OF THIS APPLICATION. ALL INFORMATION GATHERED WILL BE PROTECTED UNDER GDPR, DETAILS CAN BE FOUND ON OUR WEBSITE** [WWW.WRHG.CO.UK](http://WWW.WRHG.CO.UK)

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| **FULL NAME** |  |

|  |  |
| --- | --- |
| **Date of Birth** |  |

**ADDRESS DETAILS**

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| **HOUSE NAME/NO.** |  |
| **1ST LINE OF ADDRESS** |  |
| **2ND LINE OF ADDRESS** |  |
| **TOWN** |  |
| **CITY** |  |
| **POSTCODE** |  |

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| **CONTACT TELEPHONE NUMBER** |  |

**DISCLOSURE AND BARRING SERVICE – MANDATORY FOR NEW VOLUNTEERS**

**ALL volunteers working on behalf of Woodhead Railway Heritage Group® or Friends of Guide Bridge Station® will need to complete this section, please give details of any Convictions [no minor motoring convictions] that we may need to be made aware of.**

***Woodhead Railway Heritage Group******® & Friends of Guide Bridge Station® reserve the right to carry out a DBS check on Volunteers if required to do so.***

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**MEDICAL SECTION**

**PLEASE ENSURE YOU FULLY ENCLOSE ANY MEDICAL CONDITIONS WE NEED TO BE MADE AWARE OF.**

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**IN THE EVENT OF AN EMERGENCY PLEASE STATE BELOW ANY MEDICATION THAT YOU ARE CURRENTLY TAKING – THIS INFORMATION WILL BE GIVEN TO THE EMERGENCY MEDICAL TEAM**

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**NEXT OF KIN DETAILS**

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| NAME |  |
| CONTACT NUMBER |  |

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PLEASE SIGN: DATE: