

The Scottish Burned Children's Club Child Registration Form 2019

[Please write clearly]

Child Applicant Details				
First Name(s):				
Address:				
Region:				
Post Code:				
Date of Birth:	Date of injury:			
Child Applicant's Hobbies & Interests				
Brief details of injury:				
Please let us know your favourite hobbies/ interest	ts. Such as sports / football teams / skills, etc.			
Parent(s)/Guardian(s) Details / Contact Details				
First Name(s):	First Name(s):			
Last Name(s):	Last Name(s):			
Relationship to child :	Relationship to child			
(tick here if address same as child □) (tick here if address same as child □)				
If different please provide details below If different please provide details below				
Address:	Address:			
Town:	Town:			
Post Code:	Post Code:			
Mobile/ Home Phone:	Mobile/ Home Phone:			
Email:	Email:			

Child Applicar	nt's Siblii	ng(s) Details : (pl	lease print clearly)		
				(Brothe	r or Sister)
Name:			D.O.B:	Relationship:	
Name:			D.O.B:	Relationship:	
Name:			D.O.B:	Relationship:	
Name:			D.O.B:	Relationship:	
Name:			D.O.B:	Relationship:	
Name:			D.O.B:	Relationship:	
Name:			D.O.B:	Relationship:	
	d by the	law to seek you			
and be sent info	ormation	that we believe	e may be of interest to yo	ou.	
it safe and secu being if needed	ure. The I for Sum	information on the commer Camp or F	this form will not be shar	personal data with responded with any 3rd party, the gements. More information burnsclub.org.uk	e only exception
phoning the cha	arity help		591 999 or by email: <u>G</u> [egistered with the SBCC DPR@theburnsclub.org.u	
Please select y wish to receive		erred choice for	contact from the SBCC	by ticking each type of t	he format(s) you
Post	Email				
SMS	Phone				

Please send your completed form to: SBCC, PO Box 1950, Livingston. EH54 6YR.

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