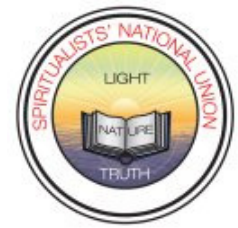


SPIRITUALISTS' NATIONAL UNION TRAINING & AWARDS COMMITTEE



PLATFORM ACCREDITATION SCHEME APPLICATION FORM CONFIDENTIAL

Please Complete **All fields** using Block Capitals and return with your cheques or postal orders for **£26.00 per discipline** made payable to the **S.N.U** to:
SNU Registrations, Ground Floor, Unit 2, Granville Court, Granville Mount, Otley, LS21 3PB

Contact Details

Title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>
Full Name <i>As you would like it to appear on your credential card</i>								
Address								
Town/City								
Postcode								
Telephone Number								
Mobile Number								
E-Mail Address								

Are you registered as Disabled? Yes No

(Under the Disability Discrimination Act a disability is defined as a physical or mental impairment which has a substantial and long term adverse effect on a person's day to day activities)

If you have replied YES please give brief details of any requirements that may help you.

SNU/SNUi Membership Details *(Please)*

This field MUST be completed for full or provisional members

Independent Membership Number	Full	<input type="text"/>	Provisional	<input type="text"/>
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Church & District Type of Church Membership District SNU Church/SNUi	Full	<input type="text"/>	Associate	<input type="text"/>
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Previous Course Details

SNU Education Courses completed	<input type="text"/>
SNU Student Number	<input type="text"/>

Other Information

Do you hold awards from any other religious organisation? <i>Please state which organisation and Award</i>	<input type="text"/>
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Enrolment *(Please)*

Are you Enrolling as	Speaker	<input type="checkbox"/>	Demonstrator	<input type="checkbox"/>	Both	<input type="checkbox"/>
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Previous Experience *(Please)*

Do you have any experience in any of the following	Type	Chair Person <input type="checkbox"/>	Speaker <input type="checkbox"/>	Demonstrator <input type="checkbox"/>	Circle Leader <input type="checkbox"/>	Closed Circle <input type="checkbox"/>	Open Circle <input type="checkbox"/>
Years/mths		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you wish to be tutored by your DC or Training & Awards Committee or SNUi	DC	<input type="checkbox"/>	T&A	<input type="checkbox"/>	SNUi	<input type="checkbox"/>
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Signed _____

Date _____

Data Protection

The information you supply will be used by the SNU for administrative purposes within the terms of the Data Protection Act 1998. We shall not supply it to third parties.

Please Note:
The Training & Awards Committee will not accept any form of harassment to its Co-ordinators, tutors or Committee Members in any form
Version: PAS/VO1/09/11

Office use only
Application rec.....
Log book/s issued.....
Log number issued.....
PAS Officer Signature.....
Education Student No.....