



Application for Membership

Confidential

**Broadcasting to
Worthing & Southlands
Hospitals**

About You!

Surname		First Name(s)	
Address		Home Telephone	
		Mobile Telephone	
		Work Telephone	
Postcode		e-mail Address	
Age		Occupation	

How can you help?

What times are you available?	
Do you have any previous experience in hospital radio? (Please give addresses)	
Do you have any other broadcasting experience?	
Why do you want to work in hospital radio? (Please continue on a separate sheet if necessary)	

References

Name		Name	
Address		Address	
Postcode		Postcode	
e-mail address		e-mail address	
Relationship		Relationship	

Please note these Requirements

Confidentiality	In the discharge of your duties you may often be in possession of confidential/personal information. You must not discuss or disclose such information to any unauthorised person.
Rehabilitation of Offenders Act 1974 (Exceptions) Order 1995	Failure to disclose information about convictions may result in your dismissal from the organisation. Any information should be given on a separate sheet and will be completely confidential.

Your signature		Date	
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Please return form to: Membership Secretary, Seaside Hospital Radio, Southlands Hospital, Shoreham-by-Sea, West Sussex.
BN43 6TQ or email membership@seasidehr.com.