

::12.15 REGISTRATION OF DESIGNATED PERSON

Name of Congregation:	
Name of Applicant:	
Please outline any:	
Previous / current experience of working with children:	
Knowledge of child protection issues:	
Contact Information	
Address:	
Phone Numbers	
Home:	
Work:	
Mobile:	
Email:	
How would you prefer to receive Taking Care Updates?	
<input type="checkbox"/> By Post	<input type="checkbox"/> By Email

