**Hexham and Newcastle**

**Diocesan Pilgrimage to Lourdes**

**Adult Helpers Registration Form 2017**

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| *THIS FORM MUST BE RETURNED BY* ***SUNDAY 11th JUNE 2017***  *T:o Lourdes Pilgrimage Office, St Robert’s Presbytery, Oldgate, Morpeth, Northumberland NE61 1QF* | | |
| **Your Personal Details** (ALL BLOCK LETTERS PLASE) | | |
| **Name** | | **Date of Birth** |
| **Address** | | **How long at this address?** |
|  | | **Tel No** |
|  | | **Mobile No** |
|  | | **Email Address** |
| **Post Code** | | **Your Home Parish** |
|  | |  |
| **Lourdes Experience** | |  |
| **Will this be your first experience as a voluntary helper on the pilgrimage? Yes / No** | | |
| **Please tick…. Are you … Adult Youth □ Adult Helper □ Nurse □ Doctor □** | | |
| **If No please describe your previous experience(s) on the Diocesan Pilgrimage.** | | |
| **Safeguarding and Protection** |  | |
| **Are you in possession of a Disclosure & Baring Service Enhanced Disclosure Certificate for PARISH work in the Diocese of Hexham & Newcastle? Yes / No** *[Please note: the Registered Helper Role for this Pilgrimage to Lourdes will be subject to a satisfactory DBS check]* | | |
| **References: Please** provide the names and full postal addresses of two people , **not relatives,** who would be willing and able to provide a character reference for you. You should have been known to them for at least five years and one should be preferably be your priest or minister. | | |
| **REFEREE 1** | | **REFEREE 2** |
| **Name .....................................................................**  **Address ....................................................................**  **...................................................................................**  **Post Code .................................................................** | | **Name .....................................................................**  **Address ...................................................................**  **.................................................................................**  **Post Code ................................................................** |
| **How Long has this person known you?** | | **How Long has this person known you?** |
| **In what capacity?** | | **In what capacity?** |
| **\* \* PLEASE RETURN THIS FORM WITH 2 CURRENT PASSPORT PHOTOS \* \***  **\* ALL REGISTERED HELPERS MUST HAVE A VALID**  **DIOCESAN “DISCLOSURE AND BARRING SERVICE” ENHANCED DISCLOSURE \*** | | |