



Hospital Visitor Application

Return To

Barry Howard, Personnel Trustee
 Hospital Radio Bedside
 Post Point F08
 Royal Bournemouth Hospital
 Castle Lane
 Bournemouth
 Dorset
 BH7 7DW

You must be 18 or over to apply for any kind of membership

First Name (The name you like to be called)									
Last Name									
Address	Daytime Tel								
	Evening Tel								
	Mobile Tel								
Email Address									
How did you learn about Hospital Radio Bedside?									
<p>If you have had any previous experience with Hospital Radio, or you have been involved in any community or voluntary activities, please give details. Name of Organisation</p> <p>Which activities were you involved in?</p>									
Leisure Interests									
<p>Please give the names and addresses of two people, not relatives, who have known you for more than two years, and who we may contact as referees.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Name</td> <td style="width: 50%;">Name</td> </tr> <tr> <td>Address</td> <td>Address</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Email Address</td> <td>Email Address</td> </tr> </table>		Name	Name	Address	Address	 	 	Email Address	Email Address
Name	Name								
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Email Address	Email Address								
Please use the back of this form to tell us anything else you want us to know.									
<p>Data Protection Act 1998. I agree that my details may be kept on a computer file if membership is granted.</p> <p>Signed _____ Date _____</p>									