

TELEPHONE RESPONDER APPLICATION FORM

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| Full Name | |
| Address | |
| Phone Number | |
| Email | |
| Length of Sobriety | |
| Home Group | |
| Seconded by (Signature and phone number of either Secretary, GSR or Treasurer) | |
| DBS/PVG Check: Y/N/NA | |
| Have you been convicted of an offence resulting in you being on the DBS barred list under Safeguarding Vulnerable Groups Act 2006? or Protection of Vulnerable Groups (Scotland) act 2007 | |
| Training completed. | |
| Signature of Tainer | |
| Signature of member | |

