



Stratford Time Bank

First name:	Last name:	
Home phone:	Mobile:	
E-mail:	Date of birth:	
Address		

<i>Tell us a bit about yourself – what you currently do, how you get around etc</i>
Employment:
Transport:
Health:
Housing & household:
Any problems with cats, dogs, smoking?

<i>How would you describe your ethnicity and language?</i>
Ethnicity:
Language:

<i>Do you belong to any local organisations?</i>
Organisations:

Emergency contact details

Name:

Relationship:

Phone:

Care worker?

We arrange DBS checks for people working with children or vulnerable adults

Do you have a DBS check?

Would you be willing to have a check?

Please provide details of two people who have known you for at least two years

	Referee 1	Referee 2
Name		
Organisation (if any)		
How they know you		
Address		
Phone		
E-mail		

Why do you want to join the Time Bank? What are you looking for from the Time Bank? For example: fun/meet people/get help/feel useful/increase confidence/ get skills or a job

Anything else?

I apply to join Stratford Time Bank

Signature:

Date:

Parent/guardian signature:

Date: