**Personal Details**

|  |  |
| --- | --- |
| Name: |  |
| Address : |  |
| Telephone / Mobile No: |  |
| Email address: |  |
| AWGB membership No: |  |
| Date of Birth (if under 21) : |  |
| Branch/Club (if applicable): |  |

**Please tick the programme of interest:**

|  |  |  |  |
| --- | --- | --- | --- |
| Member Training Workshops |  | Youth Training Workshops |  |
| Demonstrator Training Workshops |  | Instructor Training Workshops  |  |

Please use the box below to tell us the subject/technique and tutor you would prefer on a Member Training Workshop

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| --- |
|  |

Please use the box below to us about your woodturning experience

|  |
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|  |

**Data Protection:** The information you provide on this form will be used for dealing with your application. We may pass on your contact details to the course provider. By signing this form you are giving consent for the AWGB to use your data as described here and in our privacy policy which can be found at www.awgb.co.uk/privacy-policy. Your data will be used and stored in accordance with this policy.

Signed: ... … … … ... … … … ... … … … ... … … … Date: ... … … … … …

Signed: ... … … … ... … … … ... … … … ... … … … Date: ... … … … … …

Parental consent if under 18