



**FRIENDS OF TWINKLE HOUSE
APPLICATION FORM**

NAME:			
ADDRESS:			
ADDRESS:			
POSTCODE:			
HOME TELEPHONE:		MOBILE:	
EMAIL ADDRESS :			
DATE OF BIRTH:		NATIONALITY:	

Do you consider yourself disabled in any way? YES / NO
If yes, please give details of any particular requirements regarding access, special needs etc.

What experience / skills / abilities do you have that would enable you to fulfill this role?

DISCLAIMER
Twinkle House accepts no liability for actions taken by Friends of Twinkle House

Have you ever been convicted of a criminal offence or received a caution, reprimand or warning? YES / NO

Signed: **Date:**

**I confirm to the best of my knowledge the information given on this form is a true and correct record.
By signing this Application Form I agree with the statements on the form and information I have provided.**

Signed: **Date:**

Please return this form to:
TWINKLE HOUSE
Private & Confidential / FAO: The Manager
126 Sandy Lane Centre
Sandy Lane
Skelmersdale
WN8 8LH