

SCHOOL SU GROUP REGISTRATION FORM

SCHOOL

School _____
 Address _____
 _____ Postcode _____
 Tel _____

CONTACT PERSON

Please give details of the person to whom correspondence should be sent:

Name _____ Member of staff? _____
 Address _____
 _____ Postcode _____
 Tel _____ Email _____

LEADERS

Please give the names and email addresses of any other adults who will be involved in the group as leaders. (A leader is defined as anyone regularly involved in the planning and delivery of the spiritual programme).

<u>Name</u>	<u>email</u>	<u>staff?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

COORDINATOR'S DECLARATION

Our group wishes to be affiliated to Scripture Union. I have read and accept the conditions listed in the booklet of guidelines on Starting A Group.

Signed _____ (Coordinator) Date _____

PRINCIPAL'S DECLARATION

I give permission for a Scripture Union group to operate in this school and undertake to ensure that any adults who wish to be involved as leaders are approved by the school in accordance with the DENI guidelines on child protection.

Signed _____ (Principal) Date _____

In signing this form you agree to Scripture Union holding the details given on computer record. Any information relating to you held on our records is available for inspection by you at any time. We will not share this information with any other agency.