

**IN CONFIDENCE WHEN COMPLETED**  
***British Model Flying Association***

**APPLICATION FORM**

Your title and full names:
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Any previous names by which you have been known:
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Your BMFA No:	Your National Insurance No:
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Your BMFA Club:	Position Applying For:
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Your full address including Postcode and Tel No:
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Previous Address (if moved within the last 3 years):
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Your DOB:	Place of Birth:	Your Sex: M/F*
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Present Occupation:	Start Date:
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Employer's Name, Address and Tel No:
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Previous Occupation	Employer	Start Date	Finish Date

Relevant experience and qualifications for position applying for:
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Previous experience of working with children or vulnerable adults in a voluntary or professional capacity:

Vocation/Interests:

Reasons for applying:

Names and addresses of two people who know you well (and are not related to you) and who have first hand experience of your suitability to work with children or vulnerable adults and whom we can contact for a reference, or who have provided you with a previous reference or testimonial.

First Referee:

Second Referee:

With your approval we shall also contact your current employer (if appropriate) for a reference.

I agree to abide by the BMFA's Code of Ethics and Conduct for the Promotion of Welfare and Care of Children and Vulnerable Adults.

Signature: .....

Print Name: ..... Date: .....

On completion, this form should be returned to: the BMFA Development Officer, Chacksfield House, 31 St Andrew's Road, Leicester, LE2 8RE.