



REHOBOTH FOUNDATION

First Floor
197 Woodhill
Woolwich
London
SE18 5HN
07533692117
07939655196

MEMBERSHIP FORM

(All information contained in this form will be treated as confidential)

1. Personal Details:

Title: Mr/Mrs/Miss/Ms
Family Name:
First Name(s)
Sex: Male/Female
Address:
Telephone (Home)
Telephone (Mobile)
Other contact Tel. No.
Email Address:

2. Educational Details:

(Please complete starting with your current qualifications. Continue on a separate sheet(s) if space provided is not enough)

School	Subject/Course	Dates (From/To)	Qualifications

3a. Professional Details:

(Please state any Theatrical Course(s) or Trainings that you might have that are not stated in your educational details above. Continue on a separate sheet(s) if space provided is not enough)

Courses/Trainings	Dates (From/To)	Qualifications/Certificates

3b. Production(s) Details:

Please state any theatrical production(s) you have participated in.
Continue on a separate sheet(s) if space provided is not enough.

Production(s) & Location	Roles & Brief Summary of Roles	Dates

6. Other Information:

Please use the space provided below to give any information about yourself; including interest and hobbies (religious and non –religious).

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7. References:

(Please provide two references in the spaces provided below. One of your references must be a minister of faith).

i

Name:
Address:
Contact No(s):
Email Address:
Relationship to Applicant:

ii

Name:
Address:
Contact No(s):
Email Address:
Relationship to Applicant:

8. Declaration:

I hereby confirm that the information I have given in this form is correct to the best of my knowledge.

I understand that providing false information may result in the refusal or termination of my membership in the organisation.

I authorise Rehoboth Foundation to make enquiries about any information provided in this form (when and where necessary).

I understand and authorise Rehoboth Foundation to retain information provided.

By signing this form, I am consenting to the use of the information under the terms of the Data Protection Act 1998

Signed:
(Applicant)

Date:

Signed:
(Director, Rehoboth Foundation)

Date:

EQUAL OPPORTUNITY FORM

Rehoboth Foundation is committed to Equal Opportunity. We wish to ensure that no applicant is treated unfavourably on the grounds of race, nationality or ethnic origin, age or disability and religion.

Please tick the box(es) that best describe you:

Africa (Please specify):		Pentecostal	
Antarctica (Please specify):		Anglican	
Asia (Please specify):		Methodist	
Australia (Please specify):		Baptist	
Europe (Please specify):		Catholic	
North America (Please specify):		Presbyterian	
South America (Please specify):		Jehovah's witnesses	
Other (Please specify):		Other (Please specify):	