

ADVISORY PANEL - APPLICATION FORM

NAME

FIRST NAME

LAST NAME

ADDRESS

STREET NAME

CITY

POSTAL CODE

CONTACT

MOBILE PHONE

E-MAIL ADDRESS

**WHY WOULD YOU
LIKE TO JOIN
WERS' ADVISORY
PANEL?**

PLEASE HAND A COPY OF THIS FORM TO A MEMBER OF STAFF AT WERS OR POST TO:
WEST END REFUGEE SERVICE ST PHILIP'S VICARAGE ST PHILIP'S CLOSE ARTHUR'S HILL NEWCASTLE UPON TYNE NE4 5JE

BY COMPLETING THIS FORM YOU ARE GIVING US THE RIGHT TO PROCESS YOUR DATA, IS THAT OKAY?
YOU CAN VIEW OUR DATA PROTECTION POLICY BY VISITING OUR OFFICE OR AT WWW.WERS.ORG.UK/POLICIES

PLEASE TICK THE BOX

SIGNATURE

DATE