



**APPLICATION FORM – VOLUNTARY ROLE
RHS CO-ORDINATOR**

Full Name & Title				
Home Address				
	Post Code			
Telephone	Home		Mobile	
	Work			
E-mail				
Occupation If any				
Qualifications If any				
Which skills or experience could you bring to this role?				

Please indicate why you would like to become the NAFAS RHS Co-Ordinator and how you think your own skills and experience would enable you to fulfil the role as described in the Role Description:

Please give details of two people who would be willing to provide a reference

Referee 1	Referee 2
Name & address	Name & address
Email	Email

PLEASE SEND THIS COMPLETED FORM TO CHAIRMAN@NAFAS.ORG.UK

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Email: info@nafas.org.uk

Website: www.nafas.org.uk

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