

**Attach
PHOTO**

H. C. P. Booking Form for Helpers

You must consent to being CRB vetted.

CRB vetting will only take place with your knowledge and consent.

We will be taking up references for all "professional" helpers with HCP. Failure to allow us to take up a reference will probably lead to declining your assistance with HCP.

Please post a hard copy of your form to:

HCP

5 Kingslee Court

17 Worcester Rd

Sutton

SM2 6PH

If you have any queries please contact one of the group organisers:

Email: hcp@catholicassociation.co.uk

Telephone: Simon Gallop and Nicole Gallop Mildon 020 8770 0214

Title: First name: Surname:

Address:

Postcode:

Email address:

Date of birth:

Diocese/CA group:

Hotel in Lourdes (if known):

Mobile in Lourdes:

Contact number before Lourdes:

Size of uniform polo shirt required: S M L XL XXL (please circle one)

I, _____, confirm that I agree to be CRB vetted.

Date and signature: _____

- I would prefer to work for the MINI/JUNIOR* Equipe
- I do not mind which Equipe I work for

- I wish to work a mixed pattern of HCP and main Pilgrimage shifts

- I have been to Lourdes with the CA pilgrimage before
 Last year _____
 Service: Handmaid/Brancardier/Nurse/Doctor/Other*: _____ (please specify)

- I have NOT been to Lourdes with the CA pilgrimage before
 I heard about the CA and HCP through _____ †(please specify)

- I have the following childcare qualification(s): _____ (please specify)
 It was obtained: _____ (date)
 From the following institution _____
 _____ †(please include contact details)

 My employer is: _____
 _____ †(please include contact details)
 If you are self-employed, please give details of where you are registered: _____
 _____ †(please include contact details)

- I am training for the following childcare qualification(s): _____
 _____ (please specify)
 At the following institution _____
 _____ †(please include contact details)
 My employer is: _____
 _____ †(please include contact details)
 If you are self-employed, please give details of where you are registered: _____
 _____ †(please include contact details)

- I am not formally qualified in childcare/training in childcare, however I believe myself to be in a position to be a helper with HCP for the following reason(s): _____
 _____ (please specify)
 My employer is: _____
 _____ †(please include contact details)
 If you are self-employed, please give details of where you are registered: _____
 _____ †(please include contact details)

**You MAY/MAY NOT* contact any of the persons or institutions give above
 (and marked with †) for a reference.**

Date and signature: _____

Please provide any further information you feel is relevant here:

* please delete as appropriate