

APPLICATION FORM

Name

Address

Postcode

Email Address

Telephone Number

Which one of the following categories apply to yourself (you may tick more than one box)

- | | |
|---|---|
| <input type="checkbox"/> Health, Education or social work | <input type="checkbox"/> Resident in forum area |
| <input type="checkbox"/> Young Work | <input type="checkbox"/> Holder of Premises or personal licence |
| <input type="checkbox"/> Other | |

If a licence holder, please give address details of the licence you hold in the forum area:

The forums role is to keep under review the licensing boards decisions and consider the impact of those decisions at a local level. Keeping in mind the Objectives of the Licensing Act the forum may give advice and make recommendations to the licensing board.

Why do you want to be part of the forum?

Please give a brief statement about what you can bring to the forum detailing membership of any organisations or network groups / community partnerships you are part of. (Please continue on a separate sheet if necessary.)