



LEMUR REGISTRATION FORM

TRAINEE NAME:			
TRAINEE ADDRESS:			
HOME TELEPHONE NO:		MOBILE No:	
DATE OF BIRTH: (DD/MM/YYYY)		AGE (AT 01.01.06)	
N.I. NO:		GENDER	M/F
PLACEMENT TITLE:			
NEXT OF KIN:			
ADDRESS:			
CONTACT NUMBER(S): MOBILE			
WORK			
HOME			
CAR OWNER:	YES/NO		
MEDICAL INFORMATION: Allergies: (Bee stings, etc) Disabilities:	Limes Disease: Weils Disease: Other:	Tetanus:	
HUB NAME:			
HUB CONTACT & TEL			
HOST NAME/			
SUPERVISOR CONTACT NAME & TEL.:			
SIGNED	DATE		