






**WOKINGHAM
BOROUGH COUNCIL**



Safer Places Scheme - Card Application Form

	What is your name? :
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Date of Birth <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>	When were you born? :
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	Where do you live? :
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	Your telephone numbers: House: Mobile:
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 	<p>Who would you like the Safer Place person to telephone in an emergency?</p> <p>1.</p> <p>2.</p> <p>3.</p>
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	<p>Your Signature:</p>
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	<p>Today's date:</p>
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Please send your application form to:

	<p>Safer Places Scheme Adult Safeguarding Service Wokingham Borough Council Shute End Wokingham RG40 1BN</p>
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<p>For office use:</p>	
<p>Date received:</p>	<p>Date card issued:</p>

The information on this form will only be used for the administration of the Safer Places Card. If you would like more information about how the Council uses your data, please see our Privacy Notice(s) which are available via: <http://www.wokingham.gov.uk/privacy/>