



## Event Safety & Welfare Workshop Application: NWOA workshop

Please complete this form and return by email to: Derek Allison:  
[dereka57@gmail.com](mailto:dereka57@gmail.com)

Name	
BOF Number	
Club	
Address	
Home phone	
Mobile phone	
Any medical conditions / allergies?	
Any special needs e.g. mobility, hearing etc?	

Are you a controller and if so what grade?	
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If you have organised / planned / controlled a club orienteering event please give brief details e.g. what role, what level of event, approximately how many times ('once a year for past 3 years' is sufficient detail)	
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If you have not organised / planned / controlled and event in the past but are considering doing so in the future please give brief details of what role / what level of event / when	
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