

# Registration of Designated Person

Name of Congregation: .....

Name of Applicant: .....

Please outline any:

- Previous / current experience of working with children:

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.....  
.....

- Knowledge of child protection issues:

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## Contact Information:

Address: .....

.....  
.....

Phone Numbers: Home: .....

Work: .....

Mobile: .....

Email: .....

Information will be sent to you by Email

Please keep a copy with Church records and send a copy to the IMYCD Office.