**Go MAD application form**

 General information

I can confirm, I have read the terms and conditions for a Go MAD trip.

*Please tick to confirm*

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| --- |
| **Go MAD Trip choice:** i.e. Musoma 2 week trip |

|  |  |
| --- | --- |
| Title:  | Full Name (as per your passport): |
| Address:  |
| Post code: | Email address: |
| Home no: | Mobile no: |
| Date of Birth: | Gender: |
| Marital status: Single/ Married /Divorced /Widowed /Other |
| Any dietary, general health or disability needs we should know about? |

|  |  |
| --- | --- |
| Place of Birth:  | Passport number: |
| Date of Issue: | Date of Expiry:  |
| Nationality at Birth: | Current Nationality: |
| Blood Group: |  |
| How did you hear about Go Make A Difference? (Please give us an answer, we really want to know! |

|  |  |
| --- | --- |
| **Emergency Contact Person 1**Name:  | **Emergency Contact Person 2** Name:  |
| Telephone number:  | Telephone number:  |
| Relation to you:  | Relation to you:  |

References: If you are new to Go MAD, you must also supply completed church and personal/work reference forms. You will be sent this separately by email. The references can be sent separately to this form and directly to us.

Please complete and email to graham@gomad.org.uk or claire@gomad.org.uk

Or complete and send to:

**53A Ilges Lane, Cholsey, Oxfordshire, OX10 9NX**

**Tel: 07932052490**

For any enquires please email: Project Manager: graham@gomad.org.uk

Assistant Manager: claire@gomad.org.uk