**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*

|  |
| --- |
| **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](mailto: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](mailto:graham@gomad.org.uk)

Assistant Manager: [claire@gomad.org.uk](mailto:claire@gomad.org.uk)