



JOINING SVN (for the first time or returning after a gap)

SVN MEMBER CONSENT FORM

Please complete the form below and clearly sign to give your consent to the use of the information given.

PLEASE SEND THE FORM to: The SVN Administrator, 4 The Old Vineries, Clovenfords, TD1 3LB

Surname:		First name:	
Address:			
Town:		County:	
Post Code:		Email:	
Phone:		Mobile:	
Date of Birth:	dd/mm/yyyy		
Teaching experience			
Age Range:			
Subject(s)			
Posts of responsibility			
Overseas experience			
Country/Areas			
Role(s)			
Subject(s)			
Age range			
SVN Project participation (for those who have already been involved in SVN projects)			
Date	Country	Role/activity	Subjects

I give my consent for my personal data to be used by SVN for the purposes outlined in the privacy statement (this is available online)

Signature.....Name(print).....Date.....