

PPC Application Form

Please complete and return this form together with your completed Personal Medical Information form to the PPC Coordinator by the closing date.

I would like to take part in the PPC to

Name:

Address:

.....

Phone: email:

I belong to the praesidium inparish.

I will be available on the following days:

Start Date:..... **End Date:**

Please tick applicable:

- This is my first time on a PPC / I have had previous PPC experience.
- I have read the information in the PPC Participants Booklet.
- I will have a car available for use during the PPC.
- I understand that I am responsible for my own transport costs to and from the PPC.
- I would like to apply for billeting accommodation arranged by the parish.

OR

- I will arrange my own accommodation during the PPC.

<i>I agree to the PPC Conditions:</i>	<i>Signature:</i>
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The above legionary is a member of my Praesidium and is recommended for PPC work. I confirm that the legionary is doing substantial work at praesidium level.

Praesidium President to sign	
<i>Name:</i>	<i>Signature:</i>