



## Christ's Hospital Choral Society

### Membership Form 2019 - 20

**YOUR SAFETY AND WELLBEING ARE IMPORTANT TO US, SO PLEASE OBSERVE THE FOLLOWING WHILST ON THE PREMISES AND WEAR YOUR CHRIST'S HOSPITAL CHORAL SOCIETY PASS VISIBLY AT ALL TIMES.**

#### HEALTH & SAFETY

All visitors are subject to the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999 and the Company regulations whilst on the premises.

#### ACCIDENTS

In the unfortunate event that an accident, incident, illness or near miss should occur whilst you are on the premises, please report it to your host/Reception so that we can offer appropriate assistance.

#### FIRE/EMERGENCY

In the event of emergency evacuation, please leave the building by the nearest exit and report to your host or Fire Marshall at the designated Assembly point. Please remain with your host at all times, providing it is safe to do so. Do not re-enter the building until you are specifically advised that it is safe to do so.

#### PLEASE OBSERVE OUR NO SMOKING POLICY

#### SECURITY & DATA PROTECTION

Please be advised that, in the event of electronic photo and signature capture being carried out in the issue of a pass, your personal data will be held in the visitor system for reasons of Security, Health and Safety. All data is held confidentially and is password protected. Please note that these premises are also covered by CCTV. In the case of any queries, please contact your host or Security.

#### SAFEGUARDING

This School is committed to safeguarding and promoting the welfare of children and young people and expects all staff, volunteers and visitors to share in this commitment. No unauthorised or unsupervised access to boarding houses is permitted. Visitors, including parents and Old Blues are welcome, provided they have checked in with Security and received badges, and should go directly to the designated venue to meet with their CH staff contact who will escort them unless visiting to observe Band Parade in which case they will be directed to the Quad and asked not to roam the site or seek to access School buildings unless accompanied by a CH member of staff. **YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTOOD THE GUIDELINES FOR SAFETY AND SAFEGUARDING.**



NAME:

TELEPHONE:

EMAIL:

Voice (please circle): ..... Soprano 1 or 2 ..... Alto 1 or 2 ..... Tenor 1 or 2 ..... Bass 1 or 2

Subscription (please circle): Full: £55 ..... CH Staff: £40 ..... Under 25 years old: £10.....

(Please give date of birth if under 25 years:.....)

Payment (Please tick one option):

- I enclose a cheque made payable to **CHCS**
- I have made my payment by **BACS: 09-01-55 17206188**

Signature..... Date.....

Please complete and return this form to:

Katie Callas, 1 The Avenue, Christ's Hospital, Horsham, RH13 0LU or deliver it by hand at a rehearsal.

The information which you supply is for CHCS use only and is subject to the Christ's Hospital Information Security and Data Protection Policy - May 18.

<https://www.christs-hospital.org.uk/information/school-policies>