



APPLICATION TO BECOME A GOLDEN FRIEND

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Registered Charity 1101083
Registered in England & Wales
Company No. 04914871

PLEASE RETURN COMPLETED APPLICATIONS TO THE ADDRESS OPPOSITE

BLOCK CAPITALS PLEASE

Personal Details

Married Living with Partner Single Separated Divorced Widowed

Applicant

Spouse/partner

Mr/Mrs/Miss/Ms
Surname:
Christian/First Name:
Date of Birth:

Mr/Mrs/Miss/Ms
Surname:
Christian/First Name:
Date of Birth:

Address	Telephone Number (s)
Postcode	E-Mail:

How Did You Hear About the Scheme?

Employment Record in the Hospitality Industry

Please continue on another sheet if there is not enough space. Please indicate if it was full-time or part-time work.

Name of Company	Location (town and county)	Your job	From	To

Please enclose copies of any payslips, pension slips, letters, or other documents that you have, as proof of having worked in the industry.

Emergency Contact Details

Please give the name of a relative, friend or other person whom we could contact if necessary should we lose contact with you.

NAME
ADDRESS
TELEPHONE NO.
RELATIONSHIP

Declaration Statement

Please read this section carefully and sign below to confirming the statement to be true.

I/we the undersigned have read and understood the following and confirm that:

- All the information provided in the application form is true and correct.
- I/we consent to the collection, processing and dissemination of this information by Hospitality Action in line with the General Data Protection Regulation (GDPR) (EU) 2016/679 and to its storage in both paper and digital format.
- I/we understand that Hospitality Action reserves the right to stop my Golden Friends membership should they discover any false or undisclosed information.

Signature Date

Souse/Partner's Signature Date