

Boatswain's Committee Workscheme

Surname		
First Name		
Membership No		
Telephone (home)		
Mobile Telephone		
e-mail		
Any relevant skills you possess. Please specify.		
Any medical condition which precludes you from doing particular work. Please specify.		
Availability	Weekdays	Yes or No
	Weekends	Yes or No
	Specific days only. Please specify.	

Please complete and return to
BOATSWAIN'S WORKSCHEME ADMINISTRATOR via email or mail