

INTEREST IN BECOMING A COMMUNITY HEALTH CHAMPION

FORM D2

I am interested in applying to become a Community Health Champion and would like to receive an application form.

I understand that this post is unpaid and will require a commitment of 16 hours a month for 6 months.

Name (please print)

Address

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Postcode (very important!)

If you are happy to be contacted by phone, mobile or e-mail please give details below;

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SIGNED

