



**FRAG Evaluation Excavation 2018  
Participation Application Form**

<b>First Name</b>		<b>Last Name</b>	
<b>Home Address</b>			
		<b>Post Code</b>	
<b>Contact No</b>			
<b>Email Address</b>			

The aim is to provide members of both Fane Road Archaeology Group (FRAG) and Fane Road Allotment Association (FRAA), their families, Young Archaeologists' Club (YAC) and members of JIGSAW affiliated archaeology groups/societies the opportunity to participate in this unique community archaeology event.

You will have the chance to take part in several aspects of the archaeology process, so please indicate below which dates and activities you are interested in taking part. No experience is required.

<b>Activity</b>	<b>Help set up*</b> <i>details to follow</i>	<b>Excavate</b>	<b>Finds process</b>	<b>Other</b>	<b>Take photos</b>
<b>Thursday 18 Oct 18</b>					
<b>Friday 19 Oct 18</b>	N/A				
<b>Saturday 20 Oct 18</b>	N/A				
<b>Sunday 21 Oct 18</b>	N/A				
<b>Monday 22 Oct 18</b>	N/A				

If you have ticked the 'Other' column, what would you like to do?

## Additional Information

I have read the Test Pit Excavations Information Sheet		<b>Yes</b>		<b>No</b>	
Are you a member of any archaeological / history society other than Fane Road Archaeology Group (FRAG)?		<b>Yes</b>		<b>No</b>	
If 'Yes' to the above, which one?					
If 'Yes' please confirm whether you are covered by your Group/ Society insurance					
How did you hear about this volunteering opportunity? Please tick all that apply.					
<b>FRAG</b>	<b>JIGSAW</b>	<b>Nene Valley Archaeology Group</b>	<b>MidNAG</b>	<b>Local media</b>	<b>Personal contact</b>
Do you have any archaeological experience? Please tick that apply.					
<b>Qualified Archaeologist</b>	<b>Experienced - 28 days or more field archaeology</b>	<b>Some Experience - 27 days or less field archaeology</b>	<b>No Digging Experience</b>	<b>Visited Historic Sites or Museums</b>	

## Medical Information

<b>Full Name</b>		<b>Male</b>		<b>Female</b>		<b>Date of Birth</b>	
<b>Name of Doctor</b>		<b>Name of Practice</b>					
<b>Address of Practice</b>							
<b>Post Code</b>		<b>Telephone No</b>					
Do you suffer from any medical conditions? If 'Yes' please give information as appropriate below						<b>Yes</b>	<b>No</b>
Do you take regular medication? If 'Yes' please give information as appropriate below						<b>Yes</b>	<b>No</b>
Do you suffer from any allergies? If 'Yes' please give information as appropriate below						<b>Yes</b>	<b>No</b>
Do you wear contact lenses?						<b>Yes</b>	<b>No</b>
Do you wear prescription glasses?						<b>Yes</b>	<b>No</b>
Date of your last tetanus injection							

## Emergency Contact

Please provide details of your next of kin or other person who can be contacted in the event of an emergency.

<b>Full Name</b>		<b>Relationship</b>	
<b>Home Address</b>			
		<b>Post Code</b>	
<b>Contact No</b>			

**Please Read the Information Before you Sign this Form**

If for any reason your circumstances change once you have sent in your application form and you cannot attend please let the FRAG Field Officer know as soon as possible by contacting enquiries@peterborougharchaeology.org

FRAG will be taking photographs throughout the excavation period. By signing this form you are giving consent for any images you may be in to be used by FRAG in publicity material, websites and FRAG records.

If you are not already on the FRAG email newsletter list you will be added. This is so we can keep you informed about Fane Road site and other archaeology in the area. We will not disclose your email to any other organisation and you will be able to unsubscribe whenever you wish.

Before you sign the form please check you have completed all sections, otherwise this may delay the processing of your application.

**Scan or Photo your signed form then email to either of the following as appropriate:**

- FRAG Field Officer at enquiries@peterborougharchaeology.org
- FRAA Secretary at faneroadallotments@yahoo.com (FRAA members only)

Confirmation of places will be notified on or shortly after 30 Sep 18 to the email address provided on application forms. (Applications may be considered after this date subject to places remaining available.)

As places are limited due to insurance purposes, please do not turn up if you have not received confirmation of your place.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

**Young Person (under 18)**

Name \_\_\_\_\_

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Name \_\_\_\_\_ Parent  Guardian

*Please include any additional information which you think may be useful to support your application.*

**Only FRAG Officers will have sight of applications forms, with the exception of applications from FRAA members which their Secretary will also have sight of.**