



**SAWTRY HISTORY SOCIETY HILL TOP EXCAVATION
SEASON 1, SESSION 3 (18 - 20 JAN 19)
PARTICIPATION APPLICATION FORM**

First Name		Family Name	
Home Address			
		Post Code	
Contact No			
Email Address			

The aim is to provide members of Sawtry History Society (SHS), Sawtry residents, Alconbury and Alconbury Weston residents and members of JigSaw affiliated archaeology groups/societies the opportunity to participate in a field excavation.

You will have the chance to take part in a variety of field archaeological disciplines, so please indicate below which dates and activities you are interested in taking part. No experience is required.

Date	Activity	Help set up* <i>details to follow</i>	Excavate	Finds process	Other	Take photos
18 Jan 19		N/A				
19 Jan 19		N/A				
20 Jan 19		N/A				
If you have ticked the 'Other' column, what would you like to do?						

Additional Information

I have read the Hill Top Excavation Information Sheet	Yes		No	
I am participating as a member of SHS	Yes		No	
I am participating as a Sawtry resident (see below)*	Yes		No	
Are you a member of any archaeological / history society other than SHS?	Yes		No	
If 'Yes' to the above, which one?				
How did you hear about this volunteering opportunity? Please tick all that apply.				

SHS	JIGSAW	Personal contact	Sawtry Scene	Social Media	Other
If Social Media or Other, please specify:					

* Sawtry residents who do not wish to become full members of SHS will be required to take temporary membership for the duration of their participation at a charge of £1 per day.

Insurance

Please indicate which insurance cover you will use during your participation. By signing the application form you are confirming the validity of your insurance declaration.

SHS insurance as a member	Yes		No	
SHS insurance as a temporary member	Yes		No	
JigSaw affiliated archaeology group/society member	Yes		No	
Personal	Yes		No	

Medical Information

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

Full Name		Relationship	
Home Address			
		Post Code	
Contact No			

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 SHS Field Officer know as soon as possible by contacting sawtry.archaeology@yahoo.co.uk.

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

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 the following:

- SHS Field Officer at sawtry.archaeology@yahoo.co.uk

Confirmation of places will be notified on or shortly after 11 Jan 19 to the email address provided on application forms. Applications will be accepted after this date and confirmations will be notified at the earliest opportunity thereafter, however, there is no guarantee of a place after this date.

For site safety reasons, 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 the SHS Field Officers will have sight of applications forms.