



FRAG Excavation 2021 - Participation Application Form

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

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.

Activity	Help set up <i>details to follow</i>	Excavate	Finds process	Other	Take photos
Friday 8 Oct 21					
Saturday 9 Oct 21	N/A				
Sunday 10 Oct 21	N/A				
Monday 11 Oct 21	N/A				
Tuesday 12 Oct 21	N/A				

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

Additional Information

I have read the Excavation Information Sheet				Yes		No	
Are you a member of FRAG				Yes		No	
Are you a member of any archaeological / history society other than FRAG)				Yes		No	
If 'Yes' to the above, which one?							
How did you hear about this volunteering opportunity? Please tick all that apply.							
FRAG	JIGSAW	Nene Valley Archaeology Group	MidNAG	Personal Contact	Other (Please Specify Below)		
Do you have any archaeological experience? Please tick one of the below that best applies to you.							
Qualified Archaeologist	Experienced - 28 Days or More Field Archaeology	Some Experience - 27 Days or Less Field Archaeology	No Field Archaeology Experience	Visited Historic Sites or Museums			

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 FRAG Field Officer know as soon as possible by contacting fieldofficer@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 the 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 fieldofficer@peterborougharchaeology.org
- FRAA Secretary at secretary@faneroadallotments.co.uk (FRAA members only)

Confirmation of places will be notified on or shortly after 1 Oct 21 (for FRAG/FRAA members) and as soon after receipt of your application form (JigSaw affiliates) 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 and COVID-19 safe measures, 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.