

Auckland Hospital Radio
Application for membership



Name:

Address:
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.....
.....

Date of Birth / /

Telephone

Mobile

email:

Postcode:

Occupation:

Why are you interested in working on hospital radio?

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How did you hear about Auckland Hospital Radio?

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Have you worked in radio before (hospital or other)? If so, please give details

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Do you have any experience using audio equipment such as mixers?

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Are you involved in any other voluntary work? If so please give details

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How much time (per week) are you able to commit to hospital radio?

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Please indicate what activities are you most interested in doing at Auckland Hospital Radio ?

- Programme Presenting
- Request Collection
- Computer Work
- Technical / Engineering

What are your interests and hobbies?

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Bearing in mind the average age of our listeners is over 40, please indicate below 5 songs you would play in a general music programme which you think our listeners would enjoy.

1.....
2.....
3.....
4.....
5.....

What type of music do you like?

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I DECLARE THAT THE INFORMATION GIVEN IS CORRECT TO THE BEST OF MY KNOWLEDGE AND AGREE THAT IN PURSUIT OF MY APPLICATION, CAN BE SHARED WITH COUNTY DURHAM & DARLINGTON NHS FOUNDATION TRUST.

Signed

Date / /

Please return this completed form to:
Roland Robinson (Members Rep)
Auckland Hospital Radio
Bishop Auckland General Hospital
Bishop Auckland
Co. Durham
DL14 6AD

(email to members.rep@ahr.org.uk)