

PAIGNTON (TORBAY) RIFLE & PISTOL CLUB LTD.

Registered Address & Range Location – Penwill Way, Paignton, Devon, TQ4 5JP.

Directors: Colin Reeves : Giles Meredith

Chairman: Colin Reeves : Secretary: Andrew Harris-Spong : Treasurer: Martin Hull

Company Reg No. 07309893 Data Protection Act Reg No. Z3317214 <http://www.prpc.org.uk>

APPLICATION FOR MEMBERSHIP – USE BLOCK CAPITALS			Membership No.
<p>1. Digital photos will be taken by the club for membership ID and papers on first attendance.</p> <p>2. Photographic proof of ID is required for applicants aged 18 or over e.g. current driving license, passport, Firearm or Shotgun certificate, Armed Forces Identity card etc. (A copy will be kept in your file). <i>For juniors, parent/guardian proof of ID will be needed.</i></p> <p>3. Applicants who have not been known personally to a club member for at least 3 years will need to provide two adult referees, who must not be related to the applicant or each other – (page 3).</p> <p>4. Please read our privacy policy as part of this document. (GDPR)</p>			
Title:	Forenames:	Surname:	Maiden or other names used:
Occupation:	Place of Birth:	Date of Birth:	Nationality:
Current Address:		Previous Address: (If less than 5 years at current address)	
Phone:	Mobile:	E-mail:	Membership Category: Adult / Under 18
IF NECESSARY PLEASE CONTINUE IN THE NOTES SECTION ON PAGE 3			
Have you ever had a firearm or shotgun certificate refused or terminated?			YES / NO
Are there any medical, legal or other reasons why you should not handle firearms or ammunition? `(See notes on page 2).			YES / NO
Are you a current or former member of another shooting club? (If YES, please give details including name of club/secretary/dates of membership).			YES / NO
Have you ever had membership of another club refused or terminated? (If YES, Please give details)			YES / NO
Do you have any experience of handling firearms? (If YES, Please give details)			YES / NO
Do you hold a current firearm/shotgun certificate? If YES please give details and bring the original/s to the club on the first Probationers night.			YES / NO
FAC No.		Expiry Date:	
SGC No.		Expiry Date:	

IF THE ANSWER TO ANY OF THE FOLLOWING IS 'YES' PLEASE WRITE DETAILS IN THE NOTES SECTION OF PAGE 3

Do you have any medical conditions or allergies that could require immediate first aid? If so, please list on the notes section of page 3. (<i>This is purely to ensure we can respond to your needs if anything should happen whilst on club premises</i>).	YES /NO
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Do you have any disability or learning disability that will require teaching/learning to be structured in a particular way? Please note that the handling and use of a firearm should only be carried out by a person who can remember and apply gun-safety information at all times.	YES / NO
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Do you need a carer or assistant to attend with you? i.e. visually or hearing impaired, mobility problems, inability to read or write, inability to understand instruction.	YES / NO
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Please note that you must notify the Membership Secretary in the event of a change in your health or condition that could cause you to have a sudden reduction in conscious level or a change in medication that is giving side effects. In this event, you must not shoot until this is under control.

If in doubt as to whether any of the above, or anything else may be relevant, but is not on this form which may affect you, or your ability to learn firearm safety and safely handle firearms please ask for clarification from the Membership Secretary by sending an email to membership@prpc.org.uk. Please type Membership Secretary into the subject box of the e-mail.

**** HOME OFFICE RIFLE CLUB CRITERIA ****

It is an offence for a person who is prohibited by section 21 of the firearms act 1968 to have a firearm or ammunition in their possession at any time. This section applies to any person who has been sentenced to imprisonment or youth custody or detention in any young offenders institution for 3 months or more. A person sentenced to a period of between 3 months and three years is prohibited for five years from the date of release. A person sentenced to 3 years or more is prohibited for life.

It is an offence for a person to transfer, let, hire or lend a firearm or ammunition to someone whom he/she knows or has reasonable grounds for believing to be a prohibited person.

Please note: it is the responsibility of the applicant to ascertain whether they are affected by section 21 of the firearms act 1968 and any amendments thereafter.

APPLICANT DECLARATION

I HEREBY DECLARE THAT I HAVE NEVER HAD A FIREARM OR SHOTGUN APPLICATION REFUSED OR SUCH A CERTIFICATE REVOKED. I ALSO DECLARE THAT I AM NOT A PERSON PROHIBITED BY VIRTUE OF SECTION 21 OF THE FIREARMS ACT 1968 AND ANY AMENDMENTS THEREAFTER. **I ALSO CONFIRM THAT I HAVE READ THE PRPC PRIVACY POLICY AND AGREE THAT MY DATA MAY BE USED IN THE WAYS THAT ARE DEFINED WITHIN IT.**

APPLICANT'S SIGNATURE _____ **DATE** _____

*** IF UNDER THE AGE OF 18 THE CONSENT OF A PARENT/GUARDIAN MUST BE OBTAINED ***

***** PARENTAL DECLARATION *****

I _____ having parental responsibility, do hereby give my consent for _____ to join Paignton (Torbay) Rifle & Pistol Club Ltd. I also confirm that I will attend on his/her first session with my ID for recording.

SIGNATURE _____ DATE _____

Relationship to child _____

REFERENCES

- Please list here details of two adult people, who are not related to you or each other and who have known you for at least 3 years. i.e. friend, colleague, teacher etc.
- They must be prepared to give you a character reference. The Club Membership Secretary will contact them directly for the reference by email.
- If you have known a full adult Club member for more than 3 years, please fill in the 'Proposed by Club member' section and leave the referees section blank.

FIRST REFEREE	SECOND REFEREE
NAME	NAME
ADDRESS	ADDRESS
POSTCODE	POSTCODE
E-MAIL ADDRESS	E-MAIL ADDRESS
HOW LONG KNOWN TO YOU	HOW LONG KNOWN TO YOU
RELATIONSHIP TO YOU	RELATIONSHIP TO YOU

****** PROPOSED BY CURRENT CLUB 'FULL' MEMBER (IF APPLICABLE) ******

FULL CLUB MEMBERS NAME: _____ MEMBERSHIP NO. _____

SIGNATURE: _____ DATE: _____

NOTES/COMMENTS

IF YOU DO NOT HAVE ENOUGH SPACE FOR YOUR NOTES, PLEASE CONTINUE OVERLEAF.