Volunteer Application Form

1. Personal Details

Please provide the following details. These will not be provided to any other party without your written permission:

Title	Mr / Mrs / Miss / Ms (delete as appropriate)
Surname	
Forename	
Middle Name(s)	
Sex	Male / Female (delete as appropriate)
Nationality	
Date of Birth	
Postal Address	
Post Code	
Telephone No	
Mobile No	
Email	

2. Medication

Please tell us about any regular medication you are using at present or have taken in the previous 2 months:

Medication / Dose	
Dates Prescribed	
Ailment	

3. Health

	Tick
Do you smoke?	
Do you wear contact Lenses?	
Do you suffer from Spots/Acne?	
Do you have moderate / severe Dandruff?	

4. Medical History

Please tell us if you have ever suffered from any of the following conditions. Tick the appropriate boxes:

	No	Yes	At Present
Eczema			
Psoriasis			
Skin Disorder			
Asthma			
Hayfever			
Epilepsy			
Diabetes			
Auto Immune Disease			
Lymph Node Removal			
Cancer / Tumour			
Mastectomy			
Cosmetic Surgery			
Other			
Drug or Alcohol Abuse			

Further Information:

5. Allergies

Please tick if you have suffered reactions to any of the following types of products:

	Tick	Description of Reaction
Deodorant/Antiperspirants		
Facial Cosmetics		
Moisturisers		
Toiletries		
Sunscreens		
Cleaning Products		
Laundry Products		
Adhesive Tape		
Foods		
Medicines		
Metals (e.g. Nickel)		
Clothing		
Others		

6. Skin Type

What is your normal skin colour (i.e. in winter) and reaction to sun exposure:

Type I	Very pale or freckled - always burns	
Type II	Pale – usually burn	
Type III	Average white skin - sometimes burn	
Type IV	Olive/brown - rarely burn	
Type V	Dark brown - very rarely burn	
Type VI	Black - never burn	

7. Availability

Tick which days of the week you would be available to participate:

Mon	Tue	Wed	Thu	Fri

8. Signature

Please sign and date:

Office Use Only

Add to Panel: YES / NO Panel No: