Safe Places Registration Form

The information below will appear on the Safe Places website

Name of Organisation: __________________________________________________________

Address: ___________________________________________________________________

Town: ___________________________ Postcode: _____________________________

Opening hours: _____________________________

The following information will be used for administration purposes only:

Contact name: ____________________________________________________________

Position: ________________________________________________________________

Type of organisation: ______________________________________________________

Telephone: ________________________________________________________________

Email address: _____________________________________________________________

Website: _________________________________________________________________

Signature: __________________________________________________________________ Date: _____________________

Please return this form to Devon Link-Up, Safe Places Scheme, The Beehive, Dowell Street, Honiton EX14 1LZ

The information provided on this form will be held by Devon Link-Up and used by us to compile a database. Some information will be available on the Safe Places Website and therefore information may be accessible by internet users. Any use by a third party cannot be controlled by us. If you have any queries or concerns regarding the processing of personal data, please contact us at the address above or at admin@devonlink-up.org

Office use only:

Date added: ___________________________ Admin: ___________________________