



# Expression of Interest eC-Card Distribution Venue

I would like to express my interest in becoming a **Distribution Venue**

## Applicant Details

Name:			
Job Title:			
Telephone:		Email:	
Managing Organisation:			

## Please enter details of all venues you wish to operate from below

Venue name and full address	Opening days/Times

## Terms and conditions

- I have completed safeguarding training/update within the last 12 months  Yes  No
- All staff to whom I delegate tasks associated with eC-Card have undertaken safeguarding training/update in the last 12 months  Yes  No
- I have reviewed the marketing information  Yes  No
- My organisation and/or department have a up-to-date safeguarding policy with which I can access and am familiar with  Yes  No
- I can access safeguarding support within my organisation and/or department if needed  Yes  No

Print Name:			
Signature:		Date:	