| F PACK | APPI | ICATION | FORM |
|--------|------|---------|-------------|

Date of application:

| ABOUT YOU | | | | | | | | |
|--|--|--|---------------|---------------|--|--|--|--|
| Station: | | | | Service no: | | | | |
| Relationship to child/children: | | | | | | | | |
| Deployment dates: From: | | | | То: | | | | |
| Full name: | | | | | | | | |
| Telephone no: | | | | | | | | |
| Email: | | | | | | | | |
| SEND MY DOODLE PACK TO | | | | | | | | |
| Title: | | | | | | | | |
| Address: | | | | | | | | |
| Town: | | | City: | | | | | |
| County: | | | Postcode: | | | | | |
| Please tick if this is also your address: O Telephone no (if known): | | | | | | | | |
| Email (if known): | | | | | | | | |
| | | | | | | | | |
| DOODLE PACK REQUESTED (1 PER CHILD) | | | | | | | | |
| Name of child: | | | Age of child: | | | | | |
| | | | | | | | | |
| Name of child: | | | Age of child: | | | | | |
| | | | | | | | | |
| Name of child: | | | | Age of child: | | | | |
| gc 5. cs. | | | | | | | | |
| Name of shilds | | | | | | | | |
| Name of child: | | | Age of child: | | | | | |
| | | | | | | | | |
| If you have more children, please provide the information on an additional application form. | | | | | | | | |
| | | | | | | | | |

The RAF Association would like to contact you to seek feedback on this service to improve the user experience. Please tick if you are happy to be contacted for this:

be contacted for this:

We may share your information with your branch (if you belong to one) but we'll never give or sell it to any external organisations, unless we have to by law. We'll only ever allow your information to be used temporarily by suppliers working on our behalf, as outlined in our privacy policy. To improve our communications and services, we may carry out data profiling and add data from other parties to your record – you can opt out of this at any time by contacting us on 0800 018 2361. Our privacy policy explains more and can be found at rafa.org.uk/privacy.