

Elmsbrook Grow Bed (EGB) Application form

- All personal data will be processed by A2Dominion in accordance with the Data Protection Act 2018.
- There will be times when A2Dominion will share your personal data with partner agencies for legitimate business purposes such as monitoring performance.
- We may share information with third party agencies (such as Facebook or Text Local) to promote or advertise similar services to that you are receiving, this will only happen with your explicit consent as outlined below.
- We may also share your data for the prevention and detection of crime and for safeguarding purposes where we will be required to pass your details on to the relevant statutory authority.

Signature: _____ Date: _____

By signing this form, or giving us your information, this will be treated as your agreement to these uses of your information, you have the right to withdraw your consent at any stage please visit www.a2dominion.co.uk/privacy or contact us on 0800 432 0077.

1. Applicant/s details

a) Please give your contact details below:

	Applicant 1	Applicant 2
Name:		
Address:		
Postcode:		
Home tel no:		
Mobile no:		
Email address:		

2. Are you 18 years of age or above? Yes No (Please tick as appropriate)

If **No** please give details of the responsible adult who will support you in maintaining the bed and keeping to the ground rules below.

Responsible adults' details:

Name:	
Address:	
Postcode:	
Home tel no:	
Mobile no:	
Email address:	

3. Are you happy for your name, address and contact details to be shared with our Elmsbrook Gardening Group? (Please tick as appropriate)

Yes No

4. If you ticked 'Yes' to question 3, how would you like the Elmsbrook Gardening Group to contact you? (Please tick as appropriate)

All methods Post Phone Text E-mail

5. How would you like us to contact you? (Please tick as appropriate)

All methods Post Phone Text E-mail

6. Do you live in a (Please tick as appropriate):

Flat? House?

7. Do you have either of the following: (Please tick as appropriate)

a) A private garden? Yes No

b) An allotment elsewhere? Yes No

8. What size bed would you prefer? (Please tick as appropriate)

Small Medium Large
(less than 1m²) (approx 1.5m² - 4m²) (larger than 4m²)

Please note that this cannot be guaranteed

9. Do you have any previous experience of gardening? (Please tick as appropriate)

Yes No

If **yes** please state what your experience is here:

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9. Please tell us why you would like a Grow Bed and what you intend to use it for?

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10. Declaration

If I/we get a Grow Bed, I/we agree to keep to the ground rules and to work with the Elmsbrook Gardening Group in the best interests of the community.

Signature (applicant 1)

Signature (applicant 2)

Date.....

If you are under 18 years of age, please also ask the adult who is supporting your application to sign here.

I confirm that I will support(Name of applicant) to ensure that they will maintain the Grow Bed in line with the ground rules.

Responsible adult signature

Date.....

Please return the completed form to The Community House, 1 Bramley Avenue, Bicester, OX27 8BA

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For admin use only

Date application form received.....

Signed ground rules received.....

Number of grow bed allocated **Date**.....