



Please provide the following information and sign this form to confirm your organisation is interested in becoming a Bild ACT affiliate.

Name of your organisation	
Organisation type i.e. agency, school, hospital care home etc	
Who within your organisation has the overall responsibility for the use of, and reducing the use of restrictive physical interventions?	
What is their job title?	
What is the email address?	
Who within your organisation is the main point of contact in respect of the affiliation?	
What is their Job Title?	
What is their email Address?	

In completing and signing this form I confirm that this has been authorised by senior leaders (Board Level or equivalent) within the organisation.

Name of the person completing this form.	
What is your Job Title?	
What is your email Address?	
Your Signature	
Date:	

The completed, signed form must be emailed to cpaintcompliance@crisisprevention.com

Thank you.