To: Welfare Officer
MCTC
Berechurch Hall Camp
COLCHESTER
Essex CO2 9NU

Date Sent: ……

Name: .....

Full Address: .....

.....

.....Post Code: .....

Tel No (inc code): .....

APPLICATION TO VISIT MCTC NO: COMPANY: NAME:

Application is made for the following people (maximum 4) to visit on Date: .....Time:.....

Please annotate age of visitor if under 16.

1. Name: ..... Age: ..... Relationship: .....

2. Name: ..... Age: ..... Relationship: .....

3. Name: ..... Age: ..... Relationship: .....

4. Name: ..... Age: ..... Relationship: .....

I understand that visitors are restricted to 4 at any one time and should more than 4 persons apply to visit it will be on a rotational basis at the discretion of the Supervising Officer.

NO MORE THAN 4 ADULTS MAY ATTEND. PLEASE DO NOT BRING ANY ITEMS OR GIFTS TO GIVE TO YOUR RELATIVE OR FRIEND. YOU MUST HAVE OUR VISITING AUTHORITY FORM TO ENTER AND PERSONAL IDENTIFICATION

Signature: .....

WARNING – DRUG DETECTION DOGS WORK WITHIN THIS ESTABLISHMENT AND VISITORS ARE LIABLE TO BE SEARCHED