

## MODULAR TRAINING & ASSESSMENT COURSES

### APPLICANT INFORMATION

Name:		
Date of birth:	Mobile:	Land line:
Current address:		
Town/City:	County:	Post code:
Email:		

### WHICH COURSE(S) WOULD YOU LIKE TO ATTEND?

Course Title	Course Cost	Deposit	Select as appropriate
Mountain Training - Hill and Moorland Leader (with expedition skills module)	£1460.00	£146.00	YES/NO
Mountain Bike Instructor Award Scheme (Levels 1 & 2)	£1095.00	£110.00	YES/NO
Mountain Training – Climbing Wall Instructor	£1095.00	£110.00	YES/NO
<i>Please add up the amounts from your selected course(s) - Totals:</i>	£	£	

### EMERGENCY CONTACT

Name of emergency contact:		
Address:	Phone:	
Town/City:	County:	Post code:
Relationship to you:		

### COURSE FEES

Please state whether you have included a deposit: <i>Please make cheques payable to 'Cornwall Council'</i>	Deposit of £____.____ included / not included
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### SIGNATURES

I wish to apply to participate in the courses selected above, commencing in the week of 29<sup>th</sup> October 2018.

Signature of applicant:

Date:

### OFFICE USE

Application received on:		By:	
Deposit received on:		By:	
Final payment received on:		By:	

**Please return this form to:**

Paul Seymour  
 Delaware Outdoor Education Centre  
 Delaware Road  
 Drakewalls  
 Cornwall, PL18 9EH

**MEDICAL QUESTIONNAIRE**

*We are an inclusive provider and ask for the following information so that we may make provision within our course keep you healthy and happy, whilst within our care. Please indicate your current medical status.*

Are you currently taking any medication prescribed by a doctor?	<b>Y / N</b>
Have you had any form of operation in the past 12 months that could affect you exercising?	<b>Y / N</b>
Do you suffer from Asthma, Diabetes or Epilepsy?	<b>Y / N</b>
Are you pregnant or have you been in the past 6 months?	<b>Y / N</b>
Have you ever suffered from a stroke, angina, heart condition or blood pressure problems?	<b>Y / N</b>
Do you suffer from any other medical conditions (short or long term) that might be relevant to carrying out exercise?	<b>Y / N</b>
Has anyone in your immediate family under the age 65 of ever suffered from a stroke, angina?	<b>Y / N</b>

If you have answered **'yes'** to any of the above questions, or have knowledge of some other medical condition that may affect your ability to undertake any of the planned activities, please state here:

Signature of applicant:	Date:
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