

**PART TIME OUTDOOR INSTRUCTOR TRAINING
APPLICATION FORM**

APPLICANT INFORMATION

Name:

Date of birth:

Mobile:

Landline:

Address:

Town/City:

County:

Postcode:

Email:

EXPERIENCE

Please describe your experience of canoeing | kayaking:

Please describe your experience of adventure biking:

Please describe your experience of climbing:

Please describe any other relevant adventure activities or coaching experience:

PERSONAL STATEMENT

Please detail why you are applying for this training course:

MEDICAL QUESTIONNAIRE

We are an inclusive provider and ask for the following information so that we can make provision within our course to keep you healthy and happy whilst within our care.

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

If you have answered 'Yes' to any of the above questions or have any other medical conditions, allergies or disabilities that may affect your ability to undertake any of the planned activities or that you'd like us to be aware of, please add the details here:

ACCOMMODATION

Will you require accommodation during the course?	Y N
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SIGNATURE

I wish to apply to participate in the Part Time Outdoor Instructor Training course commencing 26th October 2020

Signature:	Date:
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OFFICE USE ONLY	
Application received:	Date:
Introduction scheduled:	Date:
Offer made:	Y N Date:
Deposit Received:	Date:
Balance Received:	Date:

Please return this form to:

Mark Peters

Porthpean Outdoor Education Centre, Castle
Gotha, Porthpean, St. Austell, Cornwall, PL26

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