

OUTDOOR INSTRUCTOR TRAINING & ASSESSMENT COURSE

APPLICANT INFORMATION

Name:

Date of birth:

Mobile:

Land line:

Current address:

Town/City:

County:

Post code:

Email:

CURRENT EXPERIENCE

Please describe your experience of adventure walking:

Please describe your experience of adventure biking:

Please describe your experience of climbing:

Please describe your experience of other activities or coaching that you are involved in:

PERSONAL STATEMENT

Please tell us why you would like to be included on this course:

Please return this form to:

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

EMERGENCY CONTACT

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

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?	Y / N
Have you had any form of operation 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, heart condition or blood pressure problems?	Y / N
Do you suffer from any other medical conditions (short or long term) that might be relevant to carrying out exercise?	Y / N
Has anyone in your immediate family under the age 65 of ever suffered from a stroke, angina?	Y / N

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:

COURSE FEES

Please indicate how you would like to pay for this course:	Advance in full / Installments by arrangement
Please indicate whether you will be needing accommodation:	I will / will not require accommodation
Please state whether you have included a deposit: <i>Please make cheques payable to 'Cornwall Council'</i>	Deposit of £500 included / not included

SIGNATURES

I wish to apply to participate in the Outdoor Instructor Training & Assessment Course commencing 26th October 2020.

Signature of applicant:	Date:
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OFFICE USE

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

Please return this form to:

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