

Booking form – Forest School Training Modular format

Neroche March 2012

Name of learner:
Please write your name as you would wish it to appear on the certificate.

Correspondence Address:
.....

Postcode: **Date of Birth:**

Telephone: **Mobile:**.....

Email:
Please give an email address you visit regularly as all correspondence is via email.

CRB Enhanced Disclosure: Yes/No **Date of CRB:** (no more than 3 yrs old)

First Aid: Do you hold a 2-day ITC Outdoor and Paediatric First Aid certificate? Yes/No
Date of expiry:

Do you have any particular learning needs? Yes/No Details:
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1. Qualifications

Give details of relevant experience/qualifications of working with children and young people.

2. Forest School sessions – where will you be assisting or leading Forest School sessions?

Details of School/setting	Woodland/Outdoor setting
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3. Long term plan for using Forest School – please give brief details of how you plan to continue to use your Forest School qualification after you have completed the training.

4. Paperwork and essay writing – this level of training requires some research and writing of short answers, risk assessments, written health and safety policies etc. Please give details of any difficulties you have regarding written work and essay writing.

5. Support from Line Manager or independent referee

Support for planning, delivering Forest School sessions and time to put together the portfolio are particularly important with this training. We recommend your supporter reads the information detailed above and on our website before signing.

Name of Supporter (print)..... hereby agree to support the above person applying for training in completing the Forest Leader training and the accompanying coursework.

Position of Supporter:

Signature of SupporterDate:

The Forest School Training Co.

OCN accredited training



Course costs

	Cost of course
Level 3	£750 plus vat (£900)
Level 2	£459 plus vat (£550)
Level 2/3 Top up	£400 plus vat (£480)

Level of Training applying for The level of training I am applying for is level

Payment

A non-refundable deposit of £75 is required to book a place.

a) **By Cheque** - Cheques should be made payable to the "Forest School Training Company".

b) **By Invoice** – if your school/nursery/organisation is paying for this training and you require an invoice, please provide us with the details of who to invoice and a purchase order number.

Invoice to be sent to:

Declaration by Applicant

- 1) I confirm that, barring unexpected circumstances, I will attend all the course elements and fully complete the training according to the timetable. I agree to commit the time to completing the coursework elements of the training, in my own time if necessary.
- 2) I understand that if I do not complete the course I may still be liable for course costs.
- 3) I know of no medical reasons why I should not participate in any of the activities listed below:
 - Use of Tools, Shelter building and Team building activities
 - Woodland conservation tasks and Green woodwork
 - Fire lighting and Camp fire cooking
- 4) I confirm I shall be providing my own safety boots¹ for use during the training course.
- 5) I agree to refrain from delivering Forest School (excluding my in-training Forest School Programme) until I am fully qualified to level 3 Forest School Practitioner status.
- 6) I understand assessments outside of a 30 mile radius of the training venue will incur an additional charge of £75 plus £0.40per mile.
- 7) I understand that the First Aid Training is not included in this training course and is charged for separately.
- 8) I enclose the payment required to book a place. Confirmation of a place is at the discretion of FSTC.
- 9) I have read and understood the terms and conditions as displayed on our website.

I have read this declaration and I understand the requirements of the Forest School modular training course.

Signed: Date:

Notes:

¹ Safety boots must be approved under the Personal Protective Equipment Regulations 1992 and will feature a steel or Kevlar reinforced toe-cap.

Return Address

Please return the completed form before the **16th February 2012**

To: **The Forest School Training Company,
1 Middle Henstill Cottages, Sandford, Devon EX17 4ES**



Medical Consent

Forest School Training Modular Neroche March 2012

The information on this form will be used during all elements of the Forest School training course and will be managed in compliance with the Data Protection Act.

Name:

Date of Birth: Gender: Male/Female (delete as applicable)

Emergency contact name: Relationship:

Emergency Contact No:

Doctors Name and Contact No (if possible)

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Any prescribed medication or advice to be followed in an emergency
Please give full details

Do you suffer from any of the following :

- | | |
|--|--------|
| Allergies (including medication, plasters, stings, food, pollen, etc.) | Yes/No |
| Asthma or breathing difficulties (inhalers etc.) | Yes/No |
| Diabetes | Yes/No |
| Epilepsy, fainting or blackouts | Yes/No |
| Heart Condition | Yes/No |
| Sensory loss (sight speech or hearing) | Yes/No |
| Travel Sickness (any medication needed) | Yes/No |
| Other (please specify) | Yes/No |
| Vaccination against Tetanus in last 10 years? | Yes/No |
| Have you received any medical or surgical treatment in the last 3 months? | Yes/No |

If you have answered 'yes' to any of the above, please give details:

.....

.....

Agreement

1. I consent to receiving any necessary emergency medical treatment for any injury or illness during the Forest School training course.
2. I **do / do not** consent to images of me, recorded as part of this course, being used by The Forest School Training Co. for training/publication purposes (delete as applicable)

Signed.....Date.....