

3. Paperwork and essay writing – this level of training requires a considerable amount of paperwork in the form of coursework workbooks, risk assessments, written health and safety policies etc. Please give details of any difficulties you have regarding written work.

4. 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:

Cost

The total cost of the training is £480 (£400 plus VAT).

Payment

a) **By Cheque** - A deposit of £100 is required on booking. Cheques should be made payable to the "Forest School Training Company".
An invoice for the balance will be sent on confirmation of a place on this training course.

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:

Purchase Order Number:

Payment by Installments: The total cost of the course paid this way is higher (£525 incl VAT). Deposit is £100, second payment is £150 (due prior to module 3), third payment is £150 (due prior to module 4) and fourth payment is £125 (due prior to module 5).

If you would like to pay by instalments, please tick the box

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 undertake to ensure that the necessary insurance cover, CRB disclosure and First Aid Certification are in place before running my Forest School Programme.¹
- 4) 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
- 5) I confirm I shall be providing my own safety boots² for use during the training course.
- 6) I agree to refrain from delivering Forest School (excluding my in-training Forest School Programme) until I am fully qualified.
- 7) I understand assessments outside of a 30- mile radius of the training venue will incur an additional charge of £75 plus £0.40 per mile.
- 8) I understand that the First Aid Training is not included in this training course and is charged for separately.
- 9) I enclose a copy of my level 2 Forest School certificate together with my non-refundable deposit to book a place. Confirmation of a place is at the discretion of FSTC.
- 10) 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 Top Up Forest School Practitioner training course.

Signed: Date:

Notes:

1 This relates to the minimum 6-session programme of Forest School that you will need to run with your chosen client group as part of the training course.

2 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 by **9th December 2011**

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

Medical Consent

Forest School Practitioner Training Devon Top Up Jan 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:

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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.....