

**Booking form - FS Practitioner Training**  
**Norfolk – 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:** You will need a 2-day ITC Outdoor and Paediatric First Aid certificate.  
 Do you hold this First Aid certificate? Yes/No      Date of expiry: .....

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

**1. Qualifications**

Give details of relevant experience/qualifications of working with children and young people.  
 (e.g. 2 years experience, level 2 childcare, teaching, youth work, etc)

**2. Client group for your six Forest School sessions**

Details of School/setting	Woodland/Outdoor setting

**3. Long term plan for using Forest School** – please give brief details of how you plan to continue to provide Forest School after you have completed the training.

**4. Paperwork and essay writing** – this level of training requires a considerable amount of paperwork in the form of coursework essay, 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 Supporter .....Date: .....

**Cost**

The total cost of the training is £750 plus VAT (£900 including VAT @ 20%).

**Payment**

a) **By Cheque** - A non-refundable deposit of £75 is required on booking. Cheques should be made payable to the “Forest School Training Company”.   
An invoice for the rest payment 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: .....  
.....

Payment by instalments is possible and needs to be discussed and agreed with FSTC.

## 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 will not be entitled to reimbursement of any 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.<sup>1</sup>
- 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 boots<sup>2</sup> 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 30mile radius of the training venue will incur an additional charge of £75 plus £0.40per mile. I understand that assessments take place during the dates given for the training course. If I am unable to run my FS Programme to fit this schedule then a separate assessment will be required at a cost of £75 plus £0.40per mile.
- 8) I understand that the First Aid Training is not included in this training course and is charged for separately.
- 9) I enclose the deposit required 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 under 'levels of training'.

**I have read this declaration and I understand the requirements of the level 3 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 **1<sup>st</sup> February 2012**

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

## Medical Consent

### Forest School Practitioner Training Norfolk Level 3 March 2011

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) .....

.....

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.....