**Forest School training: starting August 2019**

**Venue: Glengarry Community woodland, Invergarry**

**Please return your completed form ASAP as it is this that guarantees you a place:**

**Email to: mike\_brady@outlook.com**

or **Post to:** FSTC, Mike Brady, 33 Cheviot Road, Hamilton, ML3 7HB

**Name of learner:** ………………………........................................................................................

Please write your name as you would wish it to appear on your course certificate.

**Correspondence address:** ...………………………………………………………………………….

……………………………………………………..………………………………………………………..

**Postcode:** ……………………………………….. **Date of Birth:** ……………….…………………..

**Telephone:** ………………………………………… **Mobile**:……………………………………………

**Email**: …………………………………………………………………….…………………………………

Please give an email address you use regularly as all correspondence is via email.

Which level of training are you applying for?

|  |  |  |  |
| --- | --- | --- | --- |
| **New SCQF Level** | **Previous Equivalent Level** | **Total Cost** | **Tick as appropriate** |
| Level 8 | Level 3 (leader) | £1050 |  |
| Level 6 to 8 step-up | Level 2 to 3 step-up (assistant to leader) | £700 |  |
| Level 6 | Level 2 (assistant) | £650 |  |
| Level 5  | Level 1 (introduction) | £400 |  |

**All levels: qualifications and/or experience**

Give details of relevant experience/qualifications of working with children, young people and adults. See the ‘Course information’ document for details of entry requirements for each level.

**L8 and L6/8 step-up only**

Who will your client group for your six Forest School practice sessions be and where will you work with them?

**L6 and L5 only**

What are your plans for carrying out the 3-session block of assisting (if L6) or 1-session observation (if L5) with a qualified Forest School leader. See ‘Course information’ for details of assessment requirements for each level.

**Paperwork and essay writing (L8 and L6/8 step-up only)**

This level of training requires a considerable amount of paperwork includinga learning journal, extended written answers, risk assessments, written health and safety policies, and more.

The number of estimated hours required for this course are shown on the ‘Course Information’ document.

Please give us details of any **specific needs or difficulties** you might have in relation to paperwork and essay writing:

**Personal statement (L8, L6/8 step-up and L6 only)**

We think it’s really important to support you in choosing training that will suit you. In order to help us do this, please write 200 words about the following:

How you found out about forest school (FOLA) training, what your knowledge about forest school (FOLA) is, what you hope to get out of the training course, and how you plan to use Forest School (FOLA) in the future.

**L8 and L6/8 step-up only (those who are undertaking this training as part of a work role only)**

Support for planning and delivering your 6-session Forest School practice forest school block, and time to put together the portfolio, are particularly important with this training. We recommend your line manager reads the course information document before signing.

**Name of line manager (print)**…………………………………………… hereby agrees to support the person applying for training in completing their Forest School training and the accompanying coursework.

**Position of supporter:** …..……………………………………………………………………………….

**Signature of supporter:**……………………………………………………**Date:** ..……………………

**Declaration by applicant** – please read and tick each relevant box

|  |  |
| --- | --- |
| 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.  |  |
| **Level 8 and 6/8 step-up only**: I undertake to ensure that the necessary insurance cover, PVG record and outdoor first aid cover are in place before running my Forest School practice session.(outdoor first aid courses are available from [First Aid Training Cooperative](http://www.firstaidtrainingcooperative.co.uk) as well as other providers |  |
| 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 |  |
| It is unlikely we will be able to arrange an on site delivery assessment for this course. Therefore you will undergo a video assessment. Full details will be available as part of the course but in effect this involves you videoing part of your Forest School programme.  |  |
| I understand that 2-day Outdoor First Aid is not included in this training course. (example: [www.firstaidtrainingcooperative.co.uk](http://www.firstaidtrainingcooperative.co.uk)course costs £143 +VAT for 2019) |  |
| I understand that confirmation of a place is at the discretion of FSTC and that a £100 non refundable payment will become due at that stage. I understand that only partial refunds are possible for places cancelled within 30-days of course start date. |  |
| I understand that courses run subject to securing the necessary number of bookings and may be subject to delay or cancellation. You will be advised of any necessary changes in good time. |  |

**Signed:** …………………………………………………………….. **Date:**………………………………………..

**Payment**

**Total course costs (no VAT is applicable)**

|  |  |
| --- | --- |
| **Level 8** | £1050 |
| **Level 6 to 8 step-up** | £700 |
| **Level 6** | £650 |
| **Level 5**  | £400 |

A non-refundable deposit payment of £100 is required on acceptance in order to confirm booking. .

Payment by instalments can be arranged at an admin cost of £30.

**Consents**

**Photography consent**

We often take photographs during training and encourage student to do so as well for the following purposes:

* to act as reminders of course experiences, tool use procedures etc
* to act as evidence for assessment criteria
* for use in promoting further forest School training, and as training aids.

I do/do not (delete/underline as appropriate) consent for photographs to be made of me during training by tutors and other course participants for use as notes, memory aids and to meet assessment criteria.

I do/do not (delete/underline as appropriate) consent to photographs of my myself to be used by tutors for Forest School training and promotion purposes in print or online format.

**Retention of contact information beyond completion of course**

**We’d like permission to keep your contact details beyond the end of the training course so that we can keep you up to date with information, workshops, people offering assistance, first aid training and other opportunities relevant to Forest School and Outdoor Woodland Learning. We will share your email address with other students on the course but will not share your data with third parties and we will always provide a link to unsubscribe from us with each contact email.**

I do/do not (delete/underline as appropriate) consent to FSTC retaining my contact information for the above purposes.

**Signed:**…………………………………………………………….. **Date:** ……………………………….

**Medical info and consent form:**

Your Name: …………………………………………………. Date of Birth: …………….…………..

Gender?:

Emergency contact name: ………………………………………………………………………………………..

Relationship to you: …………………………………… 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.)  |  | **Asthma or breathing difficulties** (inhalers etc.) |  |
| **Diabetes**  |  | **Epilepsy, fainting or blackout**  |  |
| **Heart Condition**  |  | **Sensory loss** (sight speech or hearing) |  |
| **Have you received any medical or surgical treatment in the last 3 months?** |  | **Other** (please specify) |  |

**If you have answered ‘yes’ to any of the above, please give details.** Also give details of any other information that you think your leaders may need to be aware of during training regarding your health:

…………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………..

**Have you been vaccinated against Tetanus in last 10 years?** yes / no (delete as appropriate)

**Agreement**

I consent to receiving any necessary emergency medical treatment for any injury or illness during the Forest School training course.

**Signed………………………………..…………………………………….Date………………………….**

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