**Forest School training: FlexiFOLA starting November 2020**

**Venues: Online & [Jupiter Artland](http://www.jupiterartland.org/visit/directions), West Lothian, Edinburgh**

**Please return your completed form ASAP as places are limited:**

**Email to:** [admin@forestschoolscotland.co.uk](mailto:admin@forestschoolscotland.co.uk)

**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** | **Course Cost** | **Tick your course level** |
| **Level 5** | Level 1 (introduction) | £410 |  |
| **Level 6** | Level 2 (assistant) | £665 |  |
| **Level 5 to 6 step up** |  | £350 |  |
| **Level 5 to 8 step up** |  | £920 |  |
| **Level 6 to 8 step-up** |  | £715 |  |
| **Level 8** | Level 3 (leader) | £1075 |  |

**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, L6/8 and L5/8 step-up only**

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

**L6, L5 and L5/6 step-up 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, L6/8 and L5/8 step-up only)**

This level of training requires a considerable amount of paperwork including a 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, L6/8, L5/8 and L5/6 step-up 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 (in total) 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.

**Undertaking this training as part of a work role (L8, L6/8 and L5/8 step-up only)**

Support for planning and delivering your 8-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 (**including Covid 19**), 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 where necessary. |  |
| I confirm that I will comply with Scottish government advice and guidance on staying safe and protecting others from **Covid 19** during the period of face-to-face outdoor training sessions, and with any course-specific guidance on measures for avoiding close contact, and avoiding transmission of **Covid 19** via aerosol and shared contact points. |  |
| 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 |  |
| 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, except as follows:  I understand that I will be entitled to a full refund for all parts of the course that I am prevented from attending because Government public health measures mean that I am not allowed to attend. I understand that in that case, elements of the course already received cannot not be refunded. I understand that I will be offered course fee credits and alternative arrangements where possible, but am not obliged to take these. |  |
| 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 changes in good time). |  |
| **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 sessions. |  |
| **Level 8 and 6/8 step-up only**: I understand that 2-day Outdoor First Aid training is not included in this training course. |  |
| **Level 8 and 6/8 step-up only**: I understand delivery assessments outside of a 15-mile radius of the course venue, or a 30-mile radius of your nearest available assessor will incur an additional charge of £0.45 per mile, plus a discretionary charge for travel time above 1.5hrs round trip at £25/hour. |  |
| **Level 8 and 6/8 top up only** - I confirm I will provide my own safety boots for use during the training course from Day 6 onwards if I want to take part in small-bore tree felling (this is an optional activity). |  |

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

**Notes:** Safety boots must be approved under the Personal Protective Equipment Regulations 1992 and will feature a steel or Kevlar reinforced toe-cap. L8, L6/8 and L5/8 step-up candidates only.

**Please also complete payment, consent and medical forms on the following pages.**

**Payment**

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

|  |  |  |
| --- | --- | --- |
|  | Course cost | Tick your course cost |
| **Level 5** | £410 |  |
| **Level 6** | £665 |  |
| **Level 5 to 6 step up** | £350 |  |
| **Level 5 to 8 step up** | £920 |  |
| **Level 6 to 8 step-up** | £715 |  |
| **Level 8** | £1075 |  |

**Details of how to pay will be sent to you once your application has been checked and we have confirmed your place on the course.**

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

The balance of payment (or first payment of instalments) is due before the course begins.

For cancellations made after the start of the course, only partial refund of payments can be made, as outlined in the ‘declaration by applicant’ section of this document.

|  |  |
| --- | --- |
| **Instalments**  Give details in following box to request this option. | Payment by instalments can be arranged at an admin cost of £30.  Available on request over 6 months(additional administrative cost of £30) Payment in full must be made by the start of the course.  **Details of request:** |
| **Invoice**  Complete the following box if an invoice is required. | Invoice to:  Purchase order number to quote (if required):  Email contact to send invoice to: |

**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.

*NOTE:* Please note that videoing is not permitted.

**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. 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: 2011FlexiFOLA**

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

Gender: ………………………………………………

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

Relationship to you: …………………………………… Emergency Contact No: ……………………………

Doctors Name and Contact No (if known) …………………………………………………………………….

**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.