Outdoor Activities Service,
New Meadows Gap Cottage,
Cranberry Lane, Cranberry Fold,
Darwen, Lancashire.
BB3 2HZ
Tel 01254 704898
altadv.co.uk

Individual Course Application Form

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| --- | --- | --- | --- |
| Course Title |  | Course Date |  |
| Name Mr, Mrs, Ms |  | Forename |  | Surname |  |
| Address |  |
|  |
|  | Post Code |  |
| Telephone Day |  | Telephone Eve |  |
| Email |  |  |
| Date of Birth |  | Age |  |  |
| Previous experience (if any) |  |
|  |
| Health(Please give details of any medical conditions or significant disabilities) |  |
|  |
| Name, Address & telephone number of a person we can contact in and emergency |  |
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**Course fees Individuals and Organisations**.
An invoice *(Bank details on the invoice for payment)* will be sent with your course conformation and joining instructions. If an organisation is paying for your course please supply a purchase order if they use this system.

**Conformation** the course / activity is running will only be given once we have the minimum number required to run that course /activity.

**CANCELLATION** by the candidate will result in the loss of 50% of the course fees if less that 7 days clear notice is not given.

**PTO -** Please sign this form after reading and understanding all of it.

* **COVID 19 –** We ask that all persons / candidate **ONLY** attend a course or activity if they are well. If any persons / candidate are self isolating or are feeling unwell, we ask that they do not attend the course or activity. Many of our course candidates come from across the country and we do not want a potential spread of the infection. If this is the case a full course fee refund will be given.
* **COVID 19 –** If immediately prior to your course or at any time in the last 14 day you have had:-
A high temperature.
A continuous clough *(this means coughing a lot for more than hour).*
Loss or change to your sense of smell or taste. *(cannot smell or taste or things smell or taste different to normal).* **Please do not attend.**
* **COVID 19 -** Do you understand that your participation in the course / activity may increase your risk of exposure to infection of the virus relative to not attending.
* **COVID 19 –** Do you agree to inform us if within 2 weeks of attending the course / activity you develop any of the above symptoms. We can then inform all other persons / candidate on the activity / course to self isolate.
* **COVID 19 –** To the best of your knowledge you have not been in close contact with anyone else who is symptomatic of COVID 19.
* **COVID 19 –** Are any members of your household self isolating or have any of them been self isolating? Can you inform us please.
* I understand that the course / activity is practical in nature and I am fit enough for the reasonable demands of the course.
* I am expected to take and full and active part in the course / activity and be aware of my own health, safety and welfare as well as that of my course / activity colleagues.
* Whilst every care is taken Outdoor Activities Service will not be responsible for any injury, damage or loss whatsoever, unless caused by proven negligence.
* I understand the tutor may take my photograph during the course for promotional / web site use. Please inform the tutor if you do not which your image to be used.
* Privacy notice. When undertaking a regulated course (qualification), it is important that we are able to uniquely identify each candidate. We do this by your name and date of birth. There may be a requirement for us to contact you after you have completed the course / qualification. This may be for the propose of quality assurance, providing certificates.

**Please can you confirm that you will bring:-**A small bottle of had sanitise.
A face mask or covering with you in case it is required.
Drink and food / snacks.
Appropriate clothing for the activity / course. Please contact us form more advice if required.
A small personal first aid kit and any personal medication required.
Your conformation letter and information pack will have details of equipment, etc. requied.

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| --- | --- | --- | --- |
| Signed |  | Date |  |