

COURSE BOOKING FORM

Please complete both sides of the booking form, one for each person , Capitals preferred

Preliminary Training, Silver or Gold Practice/Qualifying Expedition

I request the above course(s) on the following date(s)

Date(s)/Course(s).....

Name (in full).....Date of birth.....

Address (in full)

.....Post Code.....

Telephone number(s).....

E-mail address.....

I will/will not (Delete as necessary) require transport from Merthyr Tydfil Station to the Centre

To be completed by the parent/guardian of participants under 18 years of age

I give my permission for my son/daughter to undertake the above activity and to the best of my knowledge he/she is fit to do so *(Please note the H.S.E. regulations overleaf)

Signature.....Relationship.....

Please read carefully

Booking your course: See enclosed page 'Course dates 2010 Season' for course costs.

Send your completed form and full payment for the course(s) booked to:

Administration Office, M.W. Guiding Services, 5 Shingrig Road, Nelson, Treharris, CF46 6DY.

We also accept payment by credit or debit cards

By Cheque (enclosed and made payable to M. W. Guiding Services), or please debit my card

Mastercard Visa Maestro/Solo/Electron/Visa Delta American Express

Name as it appears on the Card _____

Address that Card statement and booking confirmation is to be sent to (if different from above)

My Card Account No. is

Issue Number (if applicable) _____ Valid from date _____ Expiry date _____

Please enter the last 3 fig. Security No. found on the back of your Credit/Debit Card _____

Total Amount £'s _____ **Signature** _____ **Date** _____

Health and Safety Executive (H.S.E.)

H.S.E. regulations require that everyone taking part in their chosen activity, particularly those persons under the age of 18 years, provide the following information. These details will be treated with confidentiality. Do you have, or have you had or experienced any illness recent or past that calls for medication and special attention, or have you had any accidents in past years that may impair your performance in your chosen activity?. Please explain below.

.....(continue on a separate sheet if necessary)

If the answer to either of the above is YES, a doctor’s note to confirm your fitness for your chosen venture must accompany your booking form. Note that all medication and its application must be clearly described. If necessary, an adequate supply must be given to the supervisor in charge in case of an emergency. Please ensure that your tetanus injection is up to date (check with your G.P.)

Emergency notification details

Name.....Relationship.....

Telephone number(s).....

In an emergency if no contact can be made I agree that the supervisor in charge may give his/her permission for my *son/daughter/me to receive medical treatment (*delete)

Signed.....(signature of parent/guardian if applicant is under 18)

Name of G.P.....

Surgery address and telephone no... ..

Booking conditions

- > I have read and understood all the terms and conditions on both sides of this form
- > I agree to abide by such regulations as M.W. Guiding Services may consider to be advisable
- > I understand that if I cancel my booking within six weeks prior to the start date of the course booked I will be liable for the full course fee

Signature.....(signature of parent/guardian if applicant is under 18)

The following section must be signed by an appropriate person at your training organisation, centre or school, e.g. your Supervisor or Award Group Leader.

(1) If applying for a Practice Expedition. I can confirm that all the Preliminary Training has been completed and the relevant section in the candidate’s Record Book signed as such.

(2) If applying for a Qualifying Expedition. I confirm the necessary practice journeys have been successfully completed, including the preliminary training, and the Record Book signed as such. This enables me to submit the person named with confidence for the venture applied for. I also confirm that our Operating Authority requirements have been fulfilled throughout.

Date(s) of Practice(s) and area(s).....

Signed.....Name.....Position.....Date.....