

# INGLEBOROUGH HALL

## NGB TRAINING & ASSESSMENT APPLICATION FORM

Name: ..... M / F Age: ..... Date of Birth: .....

Address: .....

Post Code: .....

Telephone (home): ..... (daytime): ..... E-mail: .....

**COURSE TITLE:** ..... **DATES:** .....

Date of registration with BCA / NCA ..... Registration number: .....

Please note that registration for the Training scheme is pre-course requirement *and should not be confused with individual membership of the BCA*

If applying for ASSESSMENT please give details of Training course (or official exemption) .....(date) .....(provider)

and indicate the MODULE required: .....

Do you hold a valid First Aid Certificate? YES / NO / PENDING

Health: Are you sure that you are physically fit to take part in the activity for which you are applying? YES / NO

Please give details overleaf of any relevant disability or medical condition

Are you currently taking medication on the advice of a Doctor? YES / NO Details overleaf.

### RESIDENTIAL ACCOMMODATION:

Accommodation (mid-course nights) on Training courses is optional. Please indicate > NON-RESIDENT / SELF CATERING / RESIDENT

Special dietary requirements (residential candidates only): .....

### BCA and BMC Participation Statements

*Both the British Caving Association and the British Mountaineering Council recognise that caving and mine exploration, and climbing and mountaineering, are activities with a danger of personal injury or death. Participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement.*

### AGREEMENT

- If this application is accepted I agree to abide by such regulations as Ingleborough Hall OEC or its representatives may consider advisable.
- I understand that a copy of a Statement on Safety Policy is available on request.
- I have read the course description and understand that I can obtain further information if required. I confirm that I meet the course requirements.
- I have read and understood the BMC and BCA Participation Statements.
- I understand that the Centre is under no liability whatsoever in respect of personal loss or injury that I may sustain, except as required by law. If I wish personal accident insurance I shall arrange same.
- I understand that if I cancel a booking fee of £25 will be forfeited.
- I also understand that if I withdraw within two weeks of the start of the course for whatever reason I am liable for the full fee.
- If the course is cancelled by Ingleborough Hall for whatever reason, I understand that I will be offered the option of alternative dates or a full refund.

Signature:..... Date: ..... Bradford LEA - Establishment:.....

Emergency contact number: ..... Name: ..... Relationship: .....

### Applications must be accompanied by the full fee.

I enclose cheque for £ ..... in respect of full fee. *Cheques should be made payable to 'Education Bradford'*

**Payment can also be made over the phone or in person by credit / debit card (Visa / Mastercard / Maestro / Visa Electron / Solo / JCB).**

Please return completed form to:- Ingleborough Hall, Clapham, North Yorkshire LA2 8EF

*Thank you!*

OFFICE USE: Received:

Full Fee:

Invoice: