

# Outdoor Instructor Training Programme - Application Form

| Your Personal Details |  |
|-----------------------|--|
| Name                  |  |
| Address               |  |
| Date of Birth         |  |
| Telephone             |  |
| Mobile                |  |
| Email                 |  |

  

| Course Details                                       |
|--|
| I would like to apply for a place commencing on..... |

  

| Medical Statement   |
|---|
| Please detail any medical conditions, allergies or significant disabilities which we need to be aware of when in the outdoor environment: |
|   |

  

| Existing Qualifications   |
|---|
| Please detail any previous qualifications or experience relevant to the course you have applied for:<br>(continue on separate sheet or attach CV if required) |
|   |

  

| Emergency Contact   |
|---|
| Name and telephone number of a person we can contact in an emergency: |
|   |

Please post a cheque payable to Cornwall Council see address below for: £ ..... OR Please invoice me at the above address.  
Please call centre for other payment options.

Signed ..... Date .....

Please return at least one month before course date to:  
Mark Peters, Centre Manager,  
Porthpean Outdoor Education Centre, Castle Gotha, Porthpean, St. Austell, Cornwall. PL26 6AZ  
Tel/ Fax: 01726 72901  
email: [porthpean@cornwall.gov.uk](mailto:porthpean@cornwall.gov.uk)