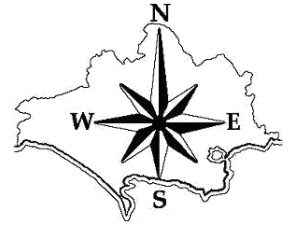




Return to: The Expedition Leader
(see <http://dorsetexp.org.uk/> for their address details).



EXPEDITION APPLICATION FORM

Please complete all sections in BLOCK CAPITALS

Name Of Expedition:

Section A - Details Of Applicant:

Surname:	First Name(s):
Address:	Home Tel No:
Post Code:	Mobile Tel No:
Date Of Birth:	Email Address:
Age In Years On Date Of Expedition Departure:	
Nationality:	

Occupation:	
If Student School/College Name:	
Course Being Undertaken:	Full Or Part-Time?
Employers Name:	
Address:	
	Post Code:

Next Of Kin, Name:	Relationship To You:
Address:	Home Tel No:
	Post Code:

Have You Had Any Previous Experience?
If So, Please Give Details:
Courses Take/Qualifications Held?
Do You/Have You Belonged To Any Group (E.G. Scouts, Guides, Cadets)
Do You Hold A Full Driving Licence?
Can You Speak Any Foreign Language? (Give Details):
Do You Have Any First Aid Experience?

Do You Play Any Musical Instruments/?
What Are Your Hobbies & Interests?
Can You Swim 500 Meters?
Additional Information:

Section B – Medical Details:

What Is Your Present Weight?	Height?
Do You Have Any Special Dietary Requirements?	

Have You Ever Suffered From Any Of The Following? Answer YES Or NO. If Yes To Any Of The Below Please Give Details and Dates in the box. Insurance Cover Can Depend On Full Disclosure.	
High Blood Pressure?	Asthma?
Diabetes?	Allergies?
Gastric/Peptic Ulcers?	Migraines?
Grumbling Appendix?	Joint Pains?
Epilepsy, Fits Or Blackouts?	
Have You Ever Had?	
A Serious Injury?	A Serious Disease?
To Wear Glasses?	Do You Wear Glasses Now?
Do You Currently?	
Have You Had a Eating Disorder?	
Have You Ever Had Mental Health Issues?	
Take Any Medication?	Smoke?
Details Of Any Of The Above:	

Medical Declaration:

Failure to disclose any pre-existing medical condition may invalidate your Insurance.

I certify that I have fully answered all the questions and that the information given is true.
I understand that I may be required to attend a medical examination with my own doctor and understand the above statement.

Signature Of Applicant:	
Date:	

Parent or Guardian must sign below if applicant is under 18 years of age.
I have read the Medical Declaration above and confirm the details given are correct.

Signature Of Parent/Guardian:	
Date:	

Section C - Enclosures

I Enclose The Following:

- a) A Deposit Cheque To The Value Of £50 (See *Notes On Front Cover Of This Form*)
- b) 2 Passport-Size Photos

Return This Form to The Expedition Leader

If you require further information please contact the expedition leader or dorsetexp@gmail.com

Section D

Please tell us how you heard about this expedition:

School/Teacher:	Magazine, (Which One?):
Word Of Mouth/Friend:	Poster, (Where?):
Website? (Yes/No):	
Other (Please Specify):	