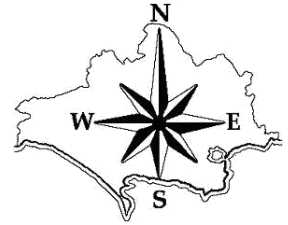




Return to: The Expedition Leader (see <http://dorsetexp.org.uk/> for their address details).



UK Expedition (Micro-Adventure) 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:

Can You Swim 500 Meters?
Have You Had Any Previous Experience?
If So, Please Give Details:
Courses Take/Qualifications Held?
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 Explain On A Separate Sheet Of A4 Paper. 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 Currently:	
Have You Had A Eating Disorder?	
Have You Ever Had Mental Health Issues?	
Take Any Medication?	Smoke?
Are There Any Problems We Should Be Aware Of?	

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.

Signature Of Applicant:	
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(For Parent / Guardian to sign if applicant is under 18 years of age)
I have read the Medical Declaration above and confirm the answers and information given.

Signature of Parent/Guardian:	
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Section C - Parental Consent (required if applicant is under 18 years of age.)

I have read the expedition description and the medical declaration and I wish
_____ (name of applicant), *to be considered for*
_____ (name of expedition).

I hereby give my consent for _____ (*name of applicant*),
to participate in all necessary selection, training and to attend the expedition.

I consent to my son/daughter receiving any necessary medical treatment for any injury or illness
during the expedition, selection or training.

Signature of Parent/Guardian:	
Date:	

Section D

Please tell us how you heard about this expedition:

School/Teacher:	Magazine, (Which One?):
Word Of Mouth/Friend:	Poster, (Where?):
Did You Contact The DES Office For An Information Pack? (Yes/No):	
Other (Please Specify):	