

Dorset Expeditionary Society
Registered Charity No: 1071217
SELECTION/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:

Address of Next of Kin:

School/College Name:

Courses being undertaken:

Post Code:

Home Tel No:

Mobile:

Email:

Can you swim 500 metres?

Have you had any previous expedition experience?

If so, please give details:

Do you/have you belonged to any group (e.g. Scouts, Guides, Cadets)?

Can you speak any foreign languages?

Do you have any first aid experience?

Do you play any musical instrument?

What are your hobbies & interests?

Additional information?

Section B. Medical Details

Have you ever suffered from any of the following? Please answer YES or NO.	
Any heart or circulatory condition?	A breathing condition, e.g. asthma?
High blood pressure?	Allergies?
Any type of diabetes?	Migraines?
Gastric/Peptic ulcers?	Joint pains?
Epilepsy, fits or blackouts?	
Do you have any dietary requirements?	
Have you ever been treated for a serious or recurring medical condition?	
Have you ever been referred to a specialist or consultant for tests, diagnosis or treatment?	
Are you currently on a waiting list for any form of treatment?	
Have you ever suffered from any form of anxiety, depression or psychiatric condition including eating disorders?	
If YES to any of the above, please give <u>full</u> details and dates.	

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 my child to participate in all necessary selection/training and to attend the expedition.

I have read the Medical Declaration above and confirm that the details given are correct.

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

Signature of Parent/Carer:

Date:

Section D. Enclosures

I enclose a deposit cheque to the value of £50 made payable to the DES

This form must be returned to the expedition Leader:

John Hegarty
16 Weare Close
Portland
Dorset DT5 1JP