

TRANS-ANDES EXPEDITION 2020 APPLICATION FORM

Leader: John Hegarty MBE

Please complete all sections in BLOCK CAPITALS

Name of Expedition: Trans-Andes 2020

Details of Applicant:

Surname:	First Name(s):
Address:	Home Tel No:
Post Code:	Mobile No:
Date of Birth:	Email:

Occupation:
If student School/College name:

Next of Kin: name:	Relationship to you:
Address:	Home Tel No:
	Mob:
	Email:
Post Code:	

Have you had any previous expedition experience, ie D of E ?
Do you have any first aid experience ?
Do you have any skills relevant to the expedition, ie, linguist, bike maintenance, musician ?
What are your hobbies / interests ?
Can you swim 500 m ?

Section B. Medical Details:

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 below.

Any heart or circulatory condition ?	A breathing condition,ie 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 at a hospital or clinic 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 including dates.	

Medical Declaration:

I certify that I have fully answered all the questions and that the information given is true. **Failure to disclose any pre-existing medical condition may invalidate your insurance cover.**

Signature of ApplicantDate.....

Parent or guardian must sign below if applicant is under 18 years of age

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

Signature of Parent / Carer.....Date.....

Return this form to the expedition leader, John Hegarty MBE with a non-refundable cheque in the sum of £50

John Hegarty: 16 Weare Close, Portland, Dorset DT5 1JP

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