Arthog Course Application Form

Outdoor learning cardsDatesCost	
Your Details	Please return this form to:
Name	Arthog Outreach Limekiln Lane Wellington TF1 2JA Tel. 01952-387378 al.arthog@gmail.com
☐ I enclose here with £ being the correct fee for the above course. (Please make cheques payable to Telford & Wrekin Council.).	
Relevant previous experience	
Personal Details – to be completed by <i>all</i> applicants. Please inform us any health problem or condition that: a. may be adversely affected by physical exercise. b. may be adversely affected by weight carrying. c. is being controlled by medication. d. involves your circulatory, respiratory, nervous or skeletal system, recent injury, illness or complaint. If you are allergic to any medication, please specify. If you have any specific dietary requirements, please specify.	
Please give an emergency 'phone number and contact name in the event of your having an accident	
Parental consent (If under 18) I agree to my child participating in the above course and acknowledge the need for obedience and responsible behaviour on his or her part. I agree to my child receiving any emergency medical treatment that may be prescribed by a qualified doctor. I also agree to any first aid that may be necessary. YES/NO I agree to the administration of antihistamines and paracetamol as appropriate. YES/NO Signed Parent/Guardian. Date	
I agree to abide by the conditions of booking Signed	Date
FOR OFFICE USE ONLY Confirmation of receipt \square Payment received \square	

Privacy Statement:

Telford and Wrekin are collecting this personal data to enable you/your child to benefit from their Outdoor Education Service at Arthog Outreach, and in the case of an emergency to protect the vital interests of you/your child. Telford and Wrekin Council will not share any personal data collected with any other external organisation unless required/permitted to do so by law.

For further details please view the Privacy Page on the Council's website; www.telford.gov.uk