

Add-venture in Learning

APPLICATION FORM for Sighted Guides

Which course do you wish to apply for?

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1. Contact Details:

First Name: Surname:

Address:

..... Postcode:

Daytime Tel: Evening Tel: Mobile.....

E-mail: Date of birth:

N.B. Your contact details will be held on file for the purpose of mailing newsletters and course information only.

2. If you have any medical qualifications/certificates, please list below (e.g. St John Ambulance Certificate). This information is confidential but will help the course organizers in case of an emergency.

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3. Fitness (Please tick if correct)

I confirm that I am physically fit & capable of guiding a student on stairs and over rough ground.

4. In order to assist in student/guide pairing, please give a few details about yourself:

Age: 20-29 30-39 40-49 50-59 Over 60 Are you a: Smoker Non-smoker

5. Please give details of any interests / experience / qualifications that you think might be relevant:

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6. Please give us some idea of the type of person you wish to guide:

a) Male Female No preference

b) Smoker Non-smoker No preference

c) Preferred age: 25-35 36-45 46-55 56-65 65+ No preference

[Over

7. Would you be happy to guide a student who (please circle):

- a) Has a noticeable hearing loss Yes / No
- b) Uses a wheelchair on field trips Yes / No
- c) Is accompanied by a guide dog Yes / No

8. Do you have any dietary requirements?.....

NEW GUIDES ON ADD-VENTURE COURSES ONLY:

9. Please indicate how you received information about the courses:

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10. Please give us the name and contact details of a professional referee, i.e., a person (not a close friend) who knows you and can confirm that you are who you say you are.

Name:

Address:

.....

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Telephone. No.:

E-mail:

Payment in full is required at least 6 weeks prior to the start of the course. To reserve a place, return the completed form with a £50 deposit.
 (Deposit will be refunded if we are unable to use your services on this course).

Send to:

Add-venture in Learning,
 c/o Isobell Phillips,
 2 Holly Drive,
 Pen-y-ffordd,
 CHESTER
 CH4 0NE
 Telephone: 07731 867931

or e-mail: phillipsisobell@yahoo.ie

Cheques payable to: "Add-venture in Learning"

BACS payments: Lloyds 30-00-01, a/c 02904643.
 Payee reference: [Your surname + course title].
 Please also email Isobell if paying by this method.