

Application form for Sighted Guides

LITERATURE " WHAT OF ENGLAND NOW"

Monday 28th February to Friday 2nd March 2012

Please return as soon as possible to:

Add-Venture in Learning, Isobell Phillips, 2 Holly Drive,
Pen-y-ffordd, Chester. CH4 0NE

or e-mail to: aiphillips_2007@yahoo.co.uk.

Payment is not required at present. We will ask for a deposit of £50 when we let you know we can use your services.

First Name Surname
Address
.....
.....
Tel. Day Postcode
Evening
E-mail
Date of birth (DD/MM/YYYY)

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 organisers in case of an emergency.

3. Fitness (Yes / No) (Please delete as appropriate)

I am physically fit and capable of guiding a student upstairs and over rough ground

4. In order to assist in student/guide pairing, please give a few details about yourself (Please delete as appropriate):

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:

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

(Please delete as appropriate)

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

7. Would you be happy to guide a student who :

(Please delete as appropriate)

- 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

NEW GUIDES ON ADDVENTURE COURSES ONLY

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

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9. Please can you 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.

Referee's name

Address

Postcode

Tel. No

E-mail

Relationship to you

Please note: We will let you know before we contact your referee.