



## Booking form – Introduction to Forest School OCN Level 1

*The Information on this form is required to register you as a learner with the Open College Network. Please ensure all sections are completed.*

Date of Training: .....

Location of Training: .....

<b>Name of Learner:</b> .....	
<b>Correspondence Address:</b> .....	
.....	
<b>Postcode:</b> .....	<b>Date of Birth:</b> .....
<b>Telephone:</b> .....	<b>Mobile:</b> .....
<b>Email:</b> .....	

<b>Organisation:</b> .....	
<b>Work Address:</b> .....	
.....	
<b>Postcode:</b> .....	<b>Role:</b> .....

Do you have any particular learning needs? **Yes/No**

Please give details
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Briefly outline why this course is of interest to you and any relevant experience you have?
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**Declaration by applicant**

Please Tick Boxes

- a) I have read the accompanying literature and I understand the requirements of the Level 1 Introduction to Forest School training course and I confirm that, barring unexpected circumstances, I will attend all the course elements and fully complete the training according to the timetable. I agree to commit the time to completing the coursework elements of the training, in my own time if necessary. I understand that if I do not complete the course I may be required to reimburse costs (this only applies to funded courses).
- b) I understand that after the 2 training day course I will be expected to spend a third day visiting a Forest School Mentor and observing a Forest School session
- c) I understand that the Level 1 course is an introduction to the ethos of Forest School and does not qualify me to run a Forest School programme.
- d) I have completed the medical consent form below and know of no medical reasons why I should not participate in the above training.
- e) I understand the booking terms and conditions and that I may be charged the course fees if after booking I cancel within 14 days of the course start date.
- f) I give permission for my email address to be added to Birchwood Learning's E-Newsletter list

Signed: ..... Date: .....

**Payment**

I enclose a cheque for £280, made payable to 'Birchwood Learning'

I require an invoice for £280 to be sent to:

Name: .....

Address: .....

.....

**Post to**

Please return these forms to:

To: Louise Ambrose,  
102 Broadgate Close  
Northrepps, Cromer  
Norfolk  
NR27 0LR

# Medical Consent Form

## Introduction to Forest School - OCN Level 1

The information on this form will be used during all elements of the Forest School training course and will be managed in compliance with the Data Protection Act.

Name: .....

Date of Birth: ..... Gender: Male/Female (delete as applicable)

Emergency contact name: .....

Relationship: ..... Emergency Contact No:.....

Doctors Name and Contact No (if possible)

.....

.....

Any prescribed medication or advice to be followed in an emergency  
Please give full details:

  
  
  
  

**Do you suffer from any of the following :**

- |  |        |
|--|--------|
| <b>Allergies</b> (including medication, plasters, stings, food, pollen, etc.)    | Yes/No |
| <b>Asthma or breathing difficulties (inhalers etc.)</b>                          | Yes/No |
| <b>Diabetes</b>  | Yes/No |
| <b>Epilepsy, fainting or blackouts</b>   | Yes/No |
| <b>Heart Condition</b>   | Yes/No |
| <b>Sensory loss (sight speech or hearing)</b>                                    | Yes/No |
| <b>Travel Sickness (any medication needed)</b>                                   | Yes/No |
| <b>Other (please specify) .....</b>  | Yes/No |
| <b>Vaccination against Tetanus in last 10 years?</b>                             | Yes/No |
| <b>Have you received any medical or surgical treatment in the last 3 months?</b> | Yes/No |

**If you have answered 'yes' to any of the above, please give details:**

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.....

**Agreement**

1. I consent to receiving any necessary emergency medical treatment for any injury or illness during the Forest School training course.
2. I **do / do not** consent to images of me, recorded as part of this course, being used by The Forest School Training Co. for training/publication purposes (delete as applicable)

**Signed**.....**Date**.....