Hebrides Mountain Rescue Team Application Form

Applicant		Emergency Contact	
Name:		Name:	
Date of Birth:		Relationship:	
Address:		Address:	
Post Code:		Post Code:	
Home Number:		Home Number:	
Mobile Number:		Mobile Number:	
Work Number:		Work Number:	
Email:			

What type of driving licence do you hold?

Full ☐ Prov. ☐ None ☐

Do you own, or have access to at short notice, a motor vehicle? Yes ☐ No ☐

For insurance purposes, please give details of any motoring offences in the previous 5 years:

Employment *(you need to be available during work hours)*

Occupation:	
Employer:	
Address:	
Post Code:	

Are you able to join call-outs during working hours? Yes ☐ No ☐

Personal Health Declaration

The activities of Hebrides Mountain Rescue Team (HebMRT) and its associated training can be strenuous. To take part in this team's activities, you should therefore be in good health and have no medical or physical condition precluding heavy exercise. **If there is any doubt you should first consult a doctor.** Some conditions such as asthma and diabetes, for example, do not prevent you from participating. However, it is your responsibility to share this medical information with the MRT committee when this might affect your safety during training and call-out. For example when you are in need of an epi-pen. By Ticking Yes, you have acknowledged the statement above and agree to share relevant information that could otherwise cause risk to yourself or other team members.

Yes ☐ **No** ☐

Is there any medical information you would like to share?				
If yes, please detail:				
Do you require special treatment in the event of a medical emergency?	Yes	☐	No	☐
If yes, please detail:				

Reasons for Application
Please explain why you would like to be considered for membership of Hebrides Mountain Rescue Team. Within your statement, please outline and provide examples of the transferable skills, knowledge and experience you currently possess and what personal contribution you believe you can make to the team. (max 150 words)

Qualifications					
Please note that while formal outdoor qualifications may help demonstrate professional competence within the outdoors, there is no requirements to possess any to join the team and applicants with more recreational experience should not be deterred by this. What related qualifications do you hold? *(certificates should be available if requested)*					
Climbing Wall Award (CWA)	☐	Rock Climbing Instructor	☐	Walking Group Leader (WGL)	☐
Mountain Leader (ML)	☐	Winter Mountain Leader (WML)	☐	European Mountain Leader (EML)	☐
Mountain Instructors Award (MIA)	☐	Mountain Instructors Cert. (MIC)	☐	Mountain Guide (BMG)	☐
Swift Water First Responder	☐	Swift Water Rescue Tech. (SRT1)	☐	Other *(please specify):*	☐

Do you possess a valid first aid award?	Yes	☐	No	☐	Expiry date:	
Please provide details of first aid awards and training below:						

Have you served with another MR Team?	Yes	☐	No	☐	Which MRT?	

Please list any additional information to support your application including hobbies and relevant experience and other commitments that you have that may take you away from mountain rescue training / Call outs?

(Hobbies / relevant experience such as: hill walking, climbing, other summer and winter outdoor sports, first responder (medical experience), 4x4 and quad bike driving, administrative skills, experience with fundraising applications…….

Data Protection Statement

Hebrides Mountain Rescue Team (HebMRT) requires to process, and retain in electronic form or otherwise, certain personal data relating to you, by virtue of your application for membership of the team. All personal data provided by you will be treated strictly in accordance with the terms of the Data Protection Act 1998. This means that confidentiality will be respected and that all appropriate security measures will be taken to prevent unauthorised disclosure. The data you provide will only be used for official HebMRT purposes and we will not disclose your personal data to any third parties without your express consent, except where HebMRT is required by law to do so.

Declaration

I declare that, to the best of my knowledge and belief, the information contained in this form is accurate. Also, for the purposes of the Data Protection Act 1998, I consent to the information contained in this form and any information received by or on behalf of Hebrides Mountain Rescue Team relating to my application to participate in its activities, being processed by them for the purposes set out in the Data Protection Statement above.

Signature:			Date:	