



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?				Employment <i>(you need to be available during work hours)</i>			
Full	<input type="checkbox"/>	Prov.	<input type="checkbox"/>	None	<input type="checkbox"/>	Occupation:	
Do you own, or have access to at short notice, a motor vehicle?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
For insurance purposes, please give details of any motoring offences in the previous 5 years:							
				Post Code:			
				Are you able to join call-outs during working hours?			
				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Personal Health Declaration
<p>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.</p>
Yes <input type="checkbox"/> No <input type="checkbox"/>



Is there any medical information you would like to share?					
<i>If yes, please detail:</i>					
Do you require special treatment in the event of a medical emergency?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>If yes, please detail:</i>					

Reasons for Application
<p>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)</p>

Qualifications					
<p>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.</p>					
<p>What related qualifications do you hold? <i>(certificates should be available if requested)</i></p>					
Climbing Wall Award (CWA)	<input type="checkbox"/>	Rock Climbing Instructor	<input type="checkbox"/>	Walking Group Leader (WGL)	<input type="checkbox"/>
Mountain Leader (ML)	<input type="checkbox"/>	Winter Mountain Leader (WML)	<input type="checkbox"/>	European Mountain Leader (EML)	<input type="checkbox"/>
Mountain Instructors Award (MIA)	<input type="checkbox"/>	Mountain Instructors Cert. (MIC)	<input type="checkbox"/>	Mountain Guide (BMG)	<input type="checkbox"/>
Swift Water First Responder	<input type="checkbox"/>	Swift Water Rescue Tech. (SRT1)	<input type="checkbox"/>	Other <i>(please specify):</i>	<input type="checkbox"/>
Do you possess a valid first aid award?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Expiry date: <input type="text"/>
Please provide details of first aid awards and training below:					

