

GO FORTH AND CLYDE

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GO FORTH AND CLYDE

IN PARTNERSHIP WITH

**Scottish
Canals**



UK Government

Application Form

OUTDOOR ACTIVITY LEADER TRAINING PROGRAMME

Application number :

Date :

OFFICE USE ONLY

PERSONAL DETAILS

| | | | | | | | | | | |
|------------------|---|------------------------------|-----------------------------|---|---------------------------|---------------------------|---------------------------|----------------------|---|----------------------|
| Full Name | : | <input type="text"/> | | | | | | | | |
| Date Of Birth | : | <input type="text"/> D | <input type="text"/> D | <input type="text"/> M | <input type="text"/> M | <input type="text"/> Y | <input type="text"/> Y | Email address | : | <input type="text"/> |
| Full Address | : | <input type="text"/> | | | | | | | | |
| Town / City | : | <input type="text"/> | | | | Postcode | : | <input type="text"/> | | |
| E-Mail | : | <input type="text"/> | | | | Nationality | : | <input type="text"/> | | |
| Driver's License | : | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Telephone number : <input type="text"/> | | | | | | |

EDUCATIONAL BACKGROUND

Secondary School

| | | |
|-----------------------------------|---|----------------------|
| Name of school | : | <input type="text"/> |
| Courses taken and grades achieved | : | <input type="text"/> |
| | : | <input type="text"/> |

College/ other Higher Education?

| | | |
|-----------------------------------|---|----------------------|
| Name of institution: | : | <input type="text"/> |
| Courses taken and grades achieved | : | <input type="text"/> |
| | : | <input type="text"/> |

EMPLOYMENT BACKGROUND

Previous employment or volunteering (most recent first)

Name of organisation: _____

Role and duties: _____

From:

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| D | D | M | M | Y | Y |

To:

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| D | D | M | M | Y | Y |

Name of organisation: _____

Role and duties: _____

From:

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| D | D | M | M | Y | Y |

To:

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| D | D | M | M | Y | Y |

Name of organisation: _____

Role and duties: _____

From:

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| D | D | M | M | Y | Y |

To:

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| D | D | M | M | Y | Y |

HOBBIES AND SKILLS

Tell us about any hobbies or skills you have:

COURSE SPECIFIC INFORMATION

Tell us why you would like to have a place on this course:

Have you ever taken part in or had training in any of the following activities?

| | | |
|---|-------------------------------------|--|
| Archery | <input type="checkbox"/> Taken part | <input type="checkbox"/> Had some training |
| Paddlesports (canoeing, kayaking or paddleboarding) | <input type="checkbox"/> Taken part | <input type="checkbox"/> Had some training |
| Bushcraft | <input type="checkbox"/> Taken part | <input type="checkbox"/> Had some training |
| Other outdoor pursuits (say what): | <input type="checkbox"/> Taken part | <input type="checkbox"/> Had some training |

A key part of this training course will be entering into a Social Contract involving agreeing to undertake volunteering hours with your new skills.. Can you confirm you agree to this?

☐ Yes ☐ No

If no, for what reason? _____

Due to the nature of the volunteering and potential employment involved, all attendees will have a PVG check done with Disclosure Scotland. Do you agree to this?

☐ Yes ☐ No

The training course will run from Monday 7th March for two weeks, full time, with an assessment day on 3rd March. Can you confirm your availability to take part in all aspects of the training? (a suggested program is below)

☐ Yes ☐ No

During the training, photographs may be taken and shared on social media channels and in publicity. Do you consent to this?

☐ Yes ☐ No

Would you be willing to have your story shared as a case study with the funders of this course?

☐ Yes ☐ No

Training Programme Example

Assessment Day - Thurs 3rd March

WEEK 1 - Land

Mon 7th - Team challenges

Tues 8th - Bushcraft

Wed 9th - Walk Leader

Thurs 10th - Archery

Fri 11th - Archery

Sat 12th - Day off

Sun 13th - Day off

WEEK 2 - Water

Mon 14th - Outdoor First Aid

Tues 15th - Outdoor First Aid

Weds 16th - Non-compulsory SC watersports taster/ day off

Thurs 17th - Paddle Explore

Fri 18th - Paddle Explore

Sat 19th - FSRT

Sun 20th - Day off

April

Paddle sport instructor after 50 hours