

Schools Worldwide – Leader Application Form

Please complete this form electronically, then print & post to us with the following documents

1. Covering letter
2. **Original** outdoor certificates/qualifications (which will be returned to you)
3. **Original** First Aid/medical certificates/qualifications (which will be returned to you)
4. Current CV
5. Photocopy of the ID page of your passport



TITLE:

PASSPORT SURNAME:	PASSPORT FIRST NAME:
PASSPORT NUMBER:	NATIONALITY:
ISSUE DATE:	EXPIRY DATE:

HOME ADDRESS:

POSTCODE:

WORK TEL:	HOME TEL:	MOB TEL:
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EMAIL ADDRESS 1:
EMAIL ADDRESS 2:

D.O.B:	STATUS:
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1. CURRENT WORK

OVERVIEW:

2. TRAINING AND QUALIFICATIONS

A) RELEVANT ACADEMIC STUDIES (Inc. subject/qual/year):

B) MEDICAL/FIRST AID TRAINING AND QUALIFICATIONS (Inc. title/year):

C) MOUNTAIN TRAINING AND QUALIFICATIONS (Inc. title/year):

D) WATER-BASED TRAINING AND QUALIFICATIONS E.G LIFE-SAVING, BCU etc (Inc. title/year):

3. EXPERIENCE

A) DO YOU HAVE OVERSEAS MOUNTAIN EXPERIENCE? (Please delete as appropriate)	Yes	No
DETAILS:		
ALTITUDE EXPERIENCE (Incl. regions, summits, heights):		

B) DO YOU HAVE DESERT EXPERIENCE? (Please delete as appropriate)	Yes	No
DETAILS:		

C) DO YOU HAVE JUNGLE EXPERIENCE? (Please delete as appropriate)	Yes	No
DETAILS:		

D) DO YOU HAVE EXPERIENCE OF WATER-BASED ACTIVITIES? (Please delete as appropriate)	Yes	No
DETAILS:		

E) DO YOU HAVE EXPERIENCE OF CULTURAL/SOCIAL PROJECTS? (Please delete as appropriate)	Yes	No
DETAILS:		

F) DO YOU HAVE EXPERIENCE OF WORKING WITH YOUNG PEOPLE? (Please delete as appropriate)	Yes	No
DETAILS:		

G) PLEASE PROVIDE A SUMMARY OF ANY OTHER RELEVANT TRAVEL AND LEADING/GUIDING EXPERIENCE INCLUDING PERSONAL TRAVEL
DETAILS (Incl. destination/year/reason/duration):

PLEASE PROVIDE DETAILS OF ALL LANGUAGES SPOKEN (and include your level i.e. basic tourist, conversational, fluent):

4. MEDICAL DECLARATION

Please provide a detailed medical history, specifically including anything that may affect your ability to successfully complete a trip.

Do you have any allergies?

Do you have any dietary requirements?

DO YOU HOLD A CRB CLEARANCE CERTIFICATE (Please delete as appropriate)? **Yes** **No** REF NUMBER:

PLEASE PROVIDE THE CONTACT DETAILS FOR TWO REFERENCES

NAME 1:		NAME 2:	
COMPANY:		COMPANY:	
ADDRESS:		ADDRESS:	
TEL:		TEL:	

DECLARATION

I declare that the information I have given above is true and complete and that, in the event of being employed by Schools Worldwide, it may be made available to the School, Parents, Group and Authorities in order that clearance and approval may be given.

I understand that pre-existing medical conditions are not covered by the insurance Schools Worldwide will arrange for me unless I contact the Pre-Departure Medical Screening Helpline myself to declare the condition and any outstanding balance due on a resulting additional premium is paid prior to departure (which Schools Worldwide will reimburse, upon approval).

Signature..... Date.....

Thank you for taking the time to complete this Leader Application Form. Please print and post back to us at the following address. Once received, we will contact you by phone for more of a chat then look forward to inviting you to our head offices for a practical Leader Assessment.

**MIKE WYNNE, "LEADER APPLICATIONS", WALKS WORLDWIDE
12 THE SQUARE, INGLETON, CARNFORTH, LA6 3EG**