

Schools Worldwide – Leader Application Form

Please complete this form and send it 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:

EMERGENCY CONTACT (NAME, RELATIONSHIP, TELEPHONE NUMBERS):

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) ANY OUTDOOR ACTIVITY QUALIFICATIONS EG: MLTB, BCU, RLSS (Inc. title/year):

3. EXPERIENCE

A) PLEASE PROVIDE AN OVERVIEW OF ANY EXPERIENCE WORKING AS A GROUP LEADER (UK AND OVERSEAS)

DETAILS:

B) DO YOU HAVE MOUNTAIN EXPERIENCE? (Please delete as appropriate)

Yes

No

DETAILS (Please also indicate any "altitude" experience above 2500m):

C) DO YOU HAVE DESERT EXPERIENCE? (Please delete as appropriate)

Yes

No

DETAILS:

D) DO YOU HAVE JUNGLE EXPERIENCE? (Please delete as appropriate)

Yes

No

DETAILS:

E) DO YOU HAVE EXPERIENCE OF CULTURAL/CONSERVATION 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 YOUR TRAVEL PROFILE, INDICATING PERSONAL TRAVEL / EMPLOYER AND ROLE

DETAILS (Incl. destination/year/reason/duration:

PLEASE PROVIDE DETAILS OF ANY HOBBIES OR INTERESTS THAT YOU HAVE (SUCH AS "ART", "LANGAUGES" OR ANY OTHER SUBJECTS)

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?

PLEASE PROVIDE THE CONTACT DETAILS FOR TWO REFERENCES

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

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 send to us via email, or post back to us at the address below. We will contact you by phone for more of a chat then look forward to inviting you to a practical Leader Assessment.

**SARAH HARPER, "LEADER APPLICATIONS", SCHOOLS WORLDWIDE
LONG BARN SOUTH, BISHOP'S SUTTON, ALRESFORD, HANTS, SO24 0AA**