

Confirmation	
Invoice	

Please complete, sign and return to
Whitlingham Outdoor Education Centre,
Whitlingham Lane, Trowse, Norwich NR14 8TR
Tel: 01603 632307 Fax 01603 674219 Email: ncc.oep@norfolk.gov.uk

Booking Form

Personal Details - one applicant only please			
First Name		Surname	
Address			
		Postcode	
Contact No: Day		Eve	
Mob		Email	
Age		Date of Birth	Male/Female
Emergency Contact (for duration of course)		Invoice Details	
		Important - do not send payment with this form	
Title	First name	Title	First name
Surname		Surname	
Relationship		Address (if different from above)	
Address			
Postcode		Postcode	
Tel:		Tel:	
Mobile:		Schools please include cost centre: Subjective code:	
Medical Information of course participant			
Any recent illnesses: Details:		Are they receiving any medical treatment? YES/NO	
N.B. Staff are not permitted to give medication or painkillers. If a participant is in possession of or requires medication, please see the Duty Manager.			
Any allergies? e.g. medicines, food, bee stings etc			
Is their anti-tetanus injection up to date? YES/NO		Date if known	
Please give any further information you feel may be of use in an emergency or that instructors should be aware of e.g. phobias, hyperventilation, diabetes, motion sickness etc.			
Course Enrolment Details - one course per booking form			
1st Choice:	Ref	Title	
Times	Dates	Cost	
2nd Choice	Ref	Title	
Times	Dates	Cost	
Any previous relevant experience/qualifications YES / NO If yes please give details	Disability YES/NO Please give details on reverse should you require assistance	Ethnicity (Please circle) White Mixed Race Black or Black British Asian or Asian British Other	
<p>Consent I agree that the person named shall be a member of the stated course and they shall be subject to the authority, guidance and discipline of the staff. In the event of an accident or illness requiring emergency treatment, I authorise any GP or hospital authority to administer any emergency measures required in my absence.</p> <p>I accept the terms and conditions of booking (available in the centre brochure or online at www.whitlinghamoec.co.uk) and have read the statement of assumed risk overleaf.</p> <p>NB: Bookings will not be processed until a signed copy of this form is received</p>			
Print Name:			
Signed:		Date:	
(parent or guardian if on behalf of anyone under 16yrs)			

IMPORTANT Learner Agreement Declaration (for all courses 16yrs+)

- I confirm that I have had access to the appropriate advice and guidance for my choice of course, including the content and length of the course.
- I have had an opportunity to discuss any previous relevant experience with the centre and my suitability for my choice of course has been assessed.
- I understand the work required of me to achieve my chosen qualifications/learning aims and how my learning will be assessed.

Statement of Assumed Risk

Outdoor and adventurous activities often involve learning new skills in unfamiliar environments. Both participants and persons with parental responsibility must accept an element of risk. Activities may result in bumps and scrapes.

To minimise these risks we have evolved a 'safe system of work'

We only employ fully qualified staff

We provide appropriate personal safety equipment for all participants

We provide appropriate equipment for the course

We work to National Governing Body guidelines in respect of instructor to student ratios and are AALA, BCU, and RYA approved.

We have a robust risk management system in place

We reserve the right to cancel or modify any activity if we believe there to be adverse risk.

For your safety and comfort we advise

You bring sufficient food and drink with you

You read any joining instructions carefully to ensure you bring the correct clothing and footwear

Swimming ability

All participants taking part in water activities at the centre are equipped with a buoyancy aid; therefore an inability to swim will not exclude you from taking part. However we do ask that you have a certain level of water confidence relevant to the activity. If you have any concerns about this please discuss it with your instructor.

Disability – Further information

To enable our staff to assist you if required and make the most of your activity, please give any details you feel may be important for us to know – e.g. Level of mobility, sight, communication etc.

Alternatively, if you would rather discuss your individual needs with a member of staff please call

01603 632307

Photographs

We occasionally take photos of participants for publicity, including use on our own website, if you do not wish to be photographed, please tick the box.

Data Protection Act 1998

The information you supply to us will only be used to process your booking and for our mailing list. If you do not wish to receive further brochures or information, please tick the box.

To improve our service**Please tell us how you found out about the centre? (Please circle)**

Brochure Web Press Advertisement Other please state _____

How often (each week) do you take part in 30mins physical exercise ?

Once a week Twice a week Three times a week More

Payment - please DO NOT send payment with this form

Invoices will be raised (payable to Norfolk County Council) upon receipt of your booking confirmation.

Full terms and conditions are available in our centre brochure, online at www.whitlinghamoec.co.uk or by calling the centre on 01603 632307