



www.wildwoodactivities.co.uk

Wild Wood Activities Level 2 Forest School Assistant Award (accredited by NCFE)  
Booking Form (5 page document)

Thank you for choosing to book your Level 2 Forest School Assistant Award training with Wild Wood Activities. Please could you ensure that you complete all aspects of this form and also take special note of the course dates. Please read carefully the terms and conditions for your booking and participation on the course and sign the bottom of the form.

Level 2 Course Code: \_\_\_\_\_ FSL2016 \_\_\_\_\_

Location: \_\_\_\_\_

Name of Learner: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Learner correspondence address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

**Ethnicity** Please indicate your ethnic origin (please circle)

- |   |                             |
|---|-----------------------------|
| Asian or Asian British- Bangladeshi     | Mixed -white/Asian          |
| Asian or Asian British-Indian           | Mixed- White/Black African  |
| Asian or Asian British-Pakistani        | Mixed-White/Black Caribbean |
| Asian or Asian British-other background | Mixed -other background     |
| Black or Black British-African          | White-British               |
| Black or Black British-Caribbean        | White-Irish                 |
| Black or Black British-other            | White-other background      |
| Chinese                                 | Any other                   |

**How long have you lived in the UK?** -if less than 3 years please give your previous address: \_\_\_\_\_

Do you have an enhanced CRB? Y/N (required to book on the training)

Date of CRB \_\_\_\_\_

**First Aid:** It is essential that you hold a 2 day paediatric First Aid Qualification (16 hours)\*

Do you hold this certificate? Y/N

Date of expiry \_\_\_\_\_

If you do not already have it, are you booked on a course? Y/N

Date of course \_\_\_\_\_(you are required to provide proof of this qualification for your portfolio)

Do you have any learning support needs? Y/N

Please give details

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*\* if you are planning to go on to do the Level 3 Forest School Practitioner qualification, we recommend you complete an ITC/REC Outdoor First Aid qualification, this is essential for the Level 3 training.*

**Qualifications:**

Please provide details of ANY relevant experience/ qualifications of working with children and young people

**Details of the group you will be running 3 low-level Forest School/outdoor play activity sessions with in your setting grounds:** *(this work forms part of your workbook)*

**Written work:**

As part of this course, you will be required to complete a workbook which will consist of short essays, policies, risk assessments and so on. Please give details of any difficulties you may have with this and how we can accommodate you.

**Course dates and deadlines:**

**Dates for your course:** 18<sup>th</sup>-21<sup>st</sup> April 2016 (Times: 9am-5pm)

**Training:** 18<sup>th</sup>-20<sup>th</sup> April 2016 **skills assessment:** 21<sup>st</sup> April 2016

**Workbook Due date:** 21/7/2016

You must attend all aspects of the course, pass the practical assessment and complete and pass the workbook in order to achieve the award. Failure to complete all requirements within the required times may result in a deferral or in you having to re-apply for the course which will incur another course fee. In very exceptional circumstances, we may grant extensions, but failure to submit a completed workbook can result in you having to reapply and pay for the training. Please see the Candidate Information Pack for more details.

**Your line manager/ supervisor:**

The nature of this training is demanding. Please read the course information and confirm that you will support the candidate in completing the training and assessment criteria. This may mean allowing them time within their work hours to study/practice for the award.

Name of supporter: \_\_\_\_\_ I agree to support (candidates' name) \_\_\_\_\_ in completing the Level 2 Forest School Assistant training and accompanying written work.

Position of supporter \_\_\_\_\_

Signature of supporter \_\_\_\_\_ Date: \_\_\_\_\_

**Terms and Conditions of Booking: Declaration by the Applicant**

*(please read the statement and tick each box)*

- I have read the accompanying literature and understand the requirements of the Level 2 Forest School Assistant course.
- I agree to attend all aspects of the training and assessment. I understand that if I miss the skills assessment, I may have to travel to attend an alternative assessment date.
- I agree to commit the time specified to completing the portfolio element of the training in my own time where necessary. Failure to do so may mean that I am required to book and begin the training again which will incur further costs and time commitment
- I understand that if I do not complete the course I may be required to reimburse costs (this applies to funded courses)
- I will be punctual and well equipped with the recommended clothing/ equipment as detailed on the Wild Wood Activities training kit list.
- I agree to have in place the necessary insurance cover, CRB disclosure and First Aid qualification as well as relevant health and safety information before assisting with a Forest School programme.
- I have completed the medical consent form on p4 and know of no medical reasons why I should not participate in any of the activities listed below: 
  - Firelighting and camp fire cooking
  - Woodland tasks and green woodwork
  - Use of tools, shelter building and team building activities
- I agree to refrain from delivering Forest School (excluding my Forest School project training element\*) until I am fully qualified. I understand that this is an assistant level qualification.

## Payment

The total cost of the level 2 training course £450 per candidate.

To confirm the course, a 50% deposit must be paid, there is also the option to pay in full upon booking. The remaining 50% balance will be invoiced **4 weeks** before the training commences. Upon receipt of your completed booking form, Wild Wood Activities will raise an invoice and send this to you electronically. Please give details in the box below of the person who should be invoiced, their postal and email address and telephone contact number if this is different to the details already given.

Name:
Role/ position:
Address:
Contact number:
Email Address:

## Payment method

Our preferred payment is by Bacs transfer. Details for this will appear on your invoice which you will receive upon receipt of the completed booking form.

Should you wish to send a cheque for the deposit with this form, please make it payable to Wild Wood Activities.

Acknowledgement of your payment will be made upon receipt via email.

I enclose a cheque for 50% deposit or the full amount

I will make a Bacs payment upon receipt of the deposit invoice.

## Medical Consent

The information on this form will be used during all elements of the Forest School training and will be managed in compliance with the Data Protection Act.

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender M / F (circle)

Emergency contact name: \_\_\_\_\_

Emergency contact number: \_\_\_\_\_

Relationship to you \_\_\_\_\_

Drs name and no. (if possible) \_\_\_\_\_

Do you suffer from any of the following (please delete as appropriate):

Allergies (including plasters, stings, food, medication)	Y/N
Asthma or breathing difficulties	Y/N
Diabetes	Y/N
Epilepsy, fainting or blackouts	Y/N
Heart condition	Y/N
Sensory loss (sight, speech, hearing)	Y/N
Other (please specify)	Y/N
Vaccination against tetanus in the last 10 years?	Y/N
Have you received any medical or surgical treatment in the last 3 months?	Y/N

Additional information regarding the above:

### Agreement

1. I consent to receiving any necessary emergency medical treatment for any injury or illness during the Forest School training course.
2. I **do/ do not** consent to images of me, recorded as part of this course, to be used by Wild Wood Activities for training and publication purposes.
3. I agree to the Wild Wood Activities Terms and Conditions

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Please return this completed form to Lauren Stevens either by email:  
[lauren@wildwoodactivities.co.uk](mailto:lauren@wildwoodactivities.co.uk) or by post: Between the Rocks and the Sea, 22 Achtoty, Aird Skerray, By Thurso, Caithness KW147TH