**Little Explorers Training CIC**

**Level Three Certificate for Forest School Leaders**

**Application Form**

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| Learner Name |  |
| D.O.B |  |
| Gender |  |
| Address |  |
| Post Code |  |
| Email Address |  |
| Work Address |  |
| Post Code |  |
| Work Email Address |  |
| Telephone mobile |  |
| Telephone work |  |
| Ethnicity |  |
| Employment status (FT/PT) |  |
| Learner support status: Specific needs incl dietary |  |
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| * I have read and understand the course components and requirements of the Little Explorers Training CIC Level 3 Certificate for Forest School Leaders course. * I confirm that I will be attending all elements of the course and will fully complete the course, including submission of portfolio according to the timetable. * I am aware I need a relevant DBS check which is not included in the cost of the course. * I am aware that I will need to complete a two-day ITC Outdoor First Aid qualification. * I accept that this booking is subject to Little Explorers Training CIC standard terms and conditions (please see the Little Explorers Training CIC website for full details [www.littleexplorers.co.uk](http://www.littleexplorers.co.uk) ) and the additional requirements for training courses as detailed on pages 7-9 of this form. |
| **Signed** **Date** |

*Once your application and completed forms are received by us, final confirmation of your place will follow by email.*

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**Medical Consent Form**

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| --- | --- | --- | --- |
| Name |  | | |
| Home Address and post code |  | | |
| Emergency contact Name | |  | |
| Emergency contact Telephone number | |  | |
| Emergency contact Mobile number | |  | |
| Doctor’s Name | |  | |
| Doctor’s Telephone number | |  | |
| **Please answer the following questions by circling Y or N**   * Do you have any allergies (e.g. medication, plasters, stings, pollen etc.)?   If so, please provide details: | | | Y / N |
| * Have you been vaccinated against tetanus in the last 10 years? | | | Y / N |
| * Do you have any medical or other requirements that we should be aware of during your training session? | | | Y / N |
| If so, please provide details:  If appropriate, please describe any prescribed medication or advice to be followed in an emergency:  (Please use a separate sheet if necessary) | | | |

*I consent to receiving any necessary first aid or medical treatment for any injury or illness during the Forest School training course.*

**Signed            Date**

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**Pre–Course Questionnaire**

1. Experience of teaching/working with Learners:
2. Qualifications – Please give details and dates of any relevant qualifications
3. Details of site and client group to run your initial programme of sessions:

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**Head Teacher/Manager Agreement**

This information sent to the school/setting details the commitment required from both the Learner and the setting. The training equates to 96 hours of guided learning time and requires, on average, a further 180 hours of self-study time, including the delivery of six Forest School sessions, from the Learner.

* The course can take up to 12 months to complete, which includes compulsory attendance at **ALL** the elements of the course.
* I have read the information relating to Forest School training, The Forest School Association, ethos and principles of Forest School and I understand the requirements of the Forest School Programme Leader Level Three training and I confirm that, barring exceptional circumstances, I fully support the member(s) of staff studying for the qualification.
* The learner needs to ensure there is a site where the learner can run the Forest School sessions and ideally will have Forest School as part of the development plan, providing at least one other member of staff as a Forest School assistant and supporting the learner to recruit volunteers if two other members of staff are not available (in line with Principle 5’s high ratio of adults to children)
* This includes ensuring they will have DBS clearance and the necessary Outdoor Forest School First Aid training and certificate.
* The school/setting will have/has the necessary insurance cover for the use of the chosen site.

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| **Signed** |
| **Name of Head Teacher/Manager** |