

# Woodcraft School

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## For office use only

Received \_\_\_\_\_  
 Interview date offered \_\_\_\_\_  
 Interview date agreed \_\_\_\_\_

## Academic Year 2010/11

# ENQUIRY FORM

Please complete all sections of this form as clearly as possible and return to the address above

### Details of the course you are applying for

Course code **NCFE-1-10** Cost **£2,700 incl VAT**  
 Course title **Certificate in Bushcraft Leadership**

### Personal Details

Surname \_\_\_\_\_ Title (Mr/Mrs/Miss/Ms etc.) \_\_\_\_\_  
 Forenames \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_ Gender \_\_\_\_\_  
 \_\_\_\_\_ Male   
 \_\_\_\_\_ Female   
 \_\_\_\_\_  
 Postcode \_\_\_\_\_ Nationality \_\_\_\_\_  
 Home tel no \_\_\_\_\_ Normal country of residence \_\_\_\_\_  
 Mobile tel no \_\_\_\_\_  
 Email \_\_\_\_\_

### Ethnicity Please indicate your ethnic origin (by ticking the relevant box)

Asian or Asian British- Bangladeshi	<input type="checkbox"/>	Mixed -white/Asian	<input type="checkbox"/>
Asian or Asian British-Indian	<input type="checkbox"/>	Mixed-White/Black African	<input type="checkbox"/>
Asian or Asian British-Pakistani	<input type="checkbox"/>	Mixed-White/Black Caribbean	<input type="checkbox"/>
Asian or Asian British-other background	<input type="checkbox"/>	Mixed -other background	<input type="checkbox"/>
Black or Black British-African	<input type="checkbox"/>	White-British	<input type="checkbox"/>
Black or Black British-Caribbean	<input type="checkbox"/>	White-Irish	<input type="checkbox"/>
Black or Black British-other	<input type="checkbox"/>	White-other background	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Any other	<input type="checkbox"/>

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Your learning support needs:**

Do you have one of the following:

1. A disability, for example visual impairment, hard of hearing, mental health difficulty, mobility difficulty?

Details: \_\_\_\_\_

2. A learning disability, for example dyslexia?

If so please tick this box

Any information that you provide will not be passed to anyone without your prior consent. We may contact you for more details.

**Medical Conditions**

Are you suffering from any physical, mental or emotional disorders that we should know about?

Please elaborate including details of any medication: \_\_\_\_\_

**Interview date -please tick if you can attend**

21st April 2010

23rd June 2010

14th July 2010

**Please inform us of your previous bushcraft, outdoor education and teaching experience.**

**You may continue on a separate sheet if necessary.**

The Data Protection Act 1998: I understand that the information I have given on this form can be used for any matters related to my programme of study, to comply with requirements set out by various government agencies.

Signature

Date