



Trainee Member Application Form – Buxton Mountain Rescue Team

Full name			
Date of birth			
Address			
Mobile phone number			
Home phone number			
Email			
Place of work			
Job description			
Availability		Yes	No
Do you live in our main operational area ?			
Do you have a valid, full Driving Licence?			
Do you have use of a motor vehicle to get to call outs?			
Are you available on evenings and weekends?			
Are you regularly available on weekdays in the daytime?			
Would you be allowed to leave work to attend callouts?			
Experience and Training			
<p>You will be asked as part of your induction to undertake a hill craft/navigation test. This is undertaken with map and compass alone and will cover map orientation; measuring both distance and time; contour interpretation and walking on a bearing. You will need to provide your own hill kit.</p>			
		Yes	No
Can you follow a bearing?			
Briefly explain how you would measure distance travelled when walking.			
Give details of your hillwalking experience, including areas you have walked in and if you have experience of navigating at night.			
Do you have a first-aid qualification? (Please give details).			
Do you have climbing/mountaineering experience? (Please give details).			
Please give details of any further experience to support your application.			



We will take up references if your application is successful. Please provide details of 2 people who are willing to act as referees, at least 1 must know you in a professional capacity and not be a family member.

Referee1		Referee2	
Name		Name	
Position		Position	
Email		Email	
Phone		Phone	
		Yes	No
Team training takes place every Thursday with some additional sessions at weekends. As a trainee you will be expected to attend a large number of these. Can you attend on a regular basis?			

Please provide next of kin details

Name		Relationship to you	
Phone Number			
Address			

I understand that mountain rescue is an active service that places considerable physical and mental pressures on those who participate; also, that it is my responsibility to inform the Team Leader or Training Officer of any health condition or change of health condition that may affect my safety and wellbeing whilst on mountain rescue training exercises and incidents or that may jeopardise the effective completion of a mountain rescue incident.

I consent to photos and / or film taken during Mountain Rescue operations to be used and shared with external organisations.

I confirm that the information given in this form is true, complete and accurate.

Signing the box below indicates your acceptance of the above statements.

Signed		Date	
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All information kept from this form will be in a secure database. If your application is unsuccessful your application form will be securely disposed of. This information will not be disclosed to any agencies outside of mountain rescue.

Please send this form to: training@buxtonmountainrescue.org.uk

The Team's Training Officer will get back to you on receipt of your application form.