



Level 3 Forest School Practitioner (accredited by NCFE)  
**FSL3014 Booking Form**

Thank you for choosing to book your Forest School Level 3 Award training with Wild Wood Activities. Please could you ensure that you complete all aspects of this form and also take note of all the course element dates as detailed. Please read carefully the terms and conditions for your participation on the course and sign the bottom of the form before returning it along with payment.

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: You will need a 2-day ITC Outdoor and Paediatric First Aid Certificate**

Do you hold this certificate? Y/N (you must have this to run your Forest School sessions following training)

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

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

Date of course (must be BEFORE you plan to run your sessions) \_\_\_\_\_

*\*did you know that you can get a discount if you book your Outdoor First Aid training with Peak Mountaineering and quote the discount code you can apply for when you book your Forest School training with us? Please contact us for more details.*

Do you have any particular learning needs? Y/N

Please give details

---

---

How did you find out about Wild Wood Activities? Have you attended any other Wild Wood Activities training events?

---

---

**Qualifications:**

Please provide details of relevant experience/ qualifications of working with children and young people (eg. Forest School volunteer experience, working with groups outdoors (min. 1 year), level 2 childcare, playwork, youth work, teaching etc).

Client group for your pilot Forest School project (six sessions) \*

Group details:
Woodland/ outdoor setting details:

\* this is the project which you will run to complete your training. You will be observed at one of the 6 sessions. However, please note that until you have completed ALL elements of the Award and received your certificate, you are not a qualified Forest School Practitioner.

**What do you envisage your long term plan for Forest School to be?**

<i>Eg. Structure, client groups, community involvement etc.</i>
---

**Written work:**

As part of this course, you will be required to complete a workbook electronically 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:**

The Wild Wood Activities training is split over several dates for each course. Details and dates for your course elements are below and on the website. You must attend all aspects of the course, pass the practical assessment and hand in the workbook in order to achieve the Award. Please indicate your preferred date and time slot for a Wild Wood Activities trainer to visit your Forest School session. We will try to accommodate you as much as we can, but you may have to alter your planned delivery date correspondingly. **The visit is a vital part of the assessment and support process.** An am slot indicates 09:00-12:00, a pm slot indicates 13:00-16:00.

**Level 3 Forest School Practitioner Award Code: FSL3013**

Level 3 component	Dates	Location	Residential/ non-residential
Training Part 1(3 days)	22 <sup>nd</sup> - 24 <sup>th</sup> September 2015	Tansley Wood Scout Centre,	Non- residential

		Matlock	
Training Part 2 (2 days)	29 <sup>th</sup> -30 <sup>th</sup> September	Tansley Wood Scout Centre	Residential
Assessment (2 days)	16 <sup>th</sup> -17 <sup>th</sup> November 2015	Tansley Wood Scout Centre	Non-residential
Workbook tutorial	19 <sup>th</sup> November 2015 5.30-7.30pm	Tansley Wood Scout Centre	Non-residential
Forest School session observation choices (this is when we visit you to observe you run your session)	7 <sup>th</sup> March 2016 8 <sup>th</sup> March 9 <sup>th</sup> March 10 <sup>th</sup> March 11 <sup>th</sup> March	Please provide us with this information upon booking (see below)	NA
Workbook deadline	17 <sup>th</sup> April 2016	Send in to Wild Wood Activities	NA

**Forest School session observation visit:**

Please indicate 1<sup>st</sup> and 2<sup>nd</sup> preference and provide **exact location details including where the observer will meet you with your group and the time**. Session must be minimum 1.5 hours long. We are limited as to dates and times which can be offered and will try our best to accommodate you. If you are not sure upon booking of ideal date/time slot, you can still book a training place but **it is your responsibility to organise the observation with us** before you start the training course. Please refer to our observation policy.

7<sup>th</sup> March 2016 am (time: \_\_\_\_\_ to \_\_\_\_\_ ) pm (time: \_\_\_\_\_ to \_\_\_\_\_ )

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

8<sup>th</sup> March 2015 am (time: \_\_\_\_\_ to \_\_\_\_\_ ) pm (time: \_\_\_\_\_ to \_\_\_\_\_ )

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

9<sup>th</sup> March 2015 am (time: \_\_\_\_\_ to \_\_\_\_\_ ) pm (time: \_\_\_\_\_ to \_\_\_\_\_ )

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

10<sup>th</sup> March 2015 am (time: \_\_\_\_\_ to \_\_\_\_\_ ) pm (time: \_\_\_\_\_ to \_\_\_\_\_ )

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

11<sup>th</sup> March 2015 am (time: \_\_\_\_\_ to \_\_\_\_\_ ) pm (time: \_\_\_\_\_ to \_\_\_\_\_ )

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

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 for the award.

Name of supporter: \_\_\_\_\_ I agree to support  
(candidate's name) \_\_\_\_\_ in completing the Forest School practitioner  
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 (Candidate Information Pack and understand the requirements of the Level 3 Forest School practitioner course.
- I agree to attend all aspects of the training and assessment and to organise my Forest School site visit within the Wild Wood Activities offered dates. 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 level 3 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 running my Forest School programme.
- I have completed the medical consent form on p7 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 pilot Forest School project element\*) until I am fully qualified.

**By signing this form I agree to the general Wild Wood Activities booking terms and conditions provided.**

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

Name \_\_\_\_\_

\* This is the minimum 6 week block you will run with your chosen client group as part of your training.

## Payment

The training costs £850 per person. This cost includes all Forest School training and assessment.

To book your place, a 50% deposit must be paid (or you can pay in full). 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 if this is different to the details already provided.

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 full amount

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

### **Please complete this form and return to:**

Lauren Stevens

Wild Wood Activities

c/o Between the Rocks and the Sea,

22 Achtoy, Aird Skerry, By Thurso, Caithness, KW14 7TH Scotland

### Medical Consent Level 3 Course code: FSL3014

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 number (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 recieved any medical or surgical treatment in the last 3 months?	Y/N

#### 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.

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

Name \_\_\_\_\_