



Accelerated Instructor Training Programme Application

APPLICANT INFORMATION		
Surname	First Name	
Address		
Town/City	County	Postcode
Phone No	E-mail Address	
Mobile No	Date of Birth	
Do you have any medical conditions? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please state		
Do you require a special diet? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please state		
Do you require accommodation? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Where did you hear about the course?		

TECNICAL EXPERIENCE
Please advise us of your experience levels in the following activities
Kayaking and Canoeing
Climbing
Powerboating
Navigation
Surfing
Expeditions
Swimming

POST COURSE
Please advise us of your post course aspirations

Please return your completed form to Glyn Brackenbury, glyn@skernlodge.co.uk or alternatively by post to Skern Lodge, Appledore, Bideford, Devon EX391NG