

**Leaders Application and Questionnaire**

Friends of the Award in Edinburgh and the Lothians  
The Green Team  
The Eagle Club



**PERSONAL DETAILS:**

Name:

Home Address:

Group:

Group/work address:

Would you like your mail to go to your home/work address (Please circle)

Telephone home:

Telephone mobile:

Email:

Telephone work:

Fax work/home:

Date of birth:

**QUALIFICATIONS:**

If you have attended one of these courses please give a date (mm/yy)

Leader Induction Training:	<input type="text"/>
Safety Seminar:	<input type="text"/>
BELA: (formerly BETA)	<input type="text"/>
First Aid: (state type & date of passing)	<input type="text"/>
Summer Mountain Leader Training:	<input type="text"/>
Summer Mountain Leader Assessment:	<input type="text"/>
Bronze Medallion: (life saver)	<input type="text"/>
Edinburgh Minibus Certificate:	<input type="text"/>
Environmental games:	<input type="text"/>
John Muir Award Basic Training:	<input type="text"/>
John Muir Award Advanced Training:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Other qualifications:  
(eg – teaching, social work, etc)

What courses would you like to attend?

**EMERGENCY CONTACTS:**

Name:

Address:

Telephone home:

Telephone mobile:

Email:

Relationship to you:

Do you have any special requirements (e.g. Allergies, disabilities or special diet)

Office use only:

**GENERAL INFORMATION**

Have you ever been involved in any other voluntary organisation?

Yes / No

If Yes, what did (or do) you do for this organisation

Have you ever been involved with youth work?

Yes / No

If yes, give details

What free time do you have?

Could you help on a regular basis?

Yes / No

If yes, how often (e.g. occasionally/Wkly/@weekends/monthly etc)

Where did you hear about The Duke of Edinburgh's Award?

Why are you interested in helping?

In what capacity would you like to help: (i.e. Group Leader / Helper Expedition support)

Which type of group would you most like to work with?

**GENERAL COMMENTS**

Please add any comments you feel may be relevant to this application including relevant experience – (e.g. hillwalking)

**PERSONAL REFERENCES**

Please give the names and addresses of two people we can contact to act as referees.

We will ask these people specifically about your suitability for working in a youth work setting.

Name:

Address:

Tel. No:

Relationship to you:

Name:

Address:

Tel. No:

Relationship to you:

Signed:

Date:

Thank you for taking the time to fill in this form. This will help us to keep accurate records and provide the best possible training and volunteering opportunities. Information on this form will be used solely by the Duke of Edinburgh's Award Unit and in connection with the Council's A.A.L.A. License. This information will not be passed on to any third party.