

Penrith MRT - Membership Application Form

Thank you for your interest in wishing to join PMRT. All information will be treated confidentially. The sheet "Information for Prospective Members" should be read before completing this form. Failure to complete the sections on driving ban and criminal record will mean membership will be denied. In addition we ask you to fill in a log sheet in support of your application. Please return this form to the Deputy Team Leader:

Mike Hill, 61 Scotby Road, Carlisle, Cumbria, CA4 8BD

Full Name: Date of Birth: Address: Tel Home: Work: Mobile : Postcode: Email : When would you be available for callouts? Journey time to Penrith from a) Home b) Work	
Have you ever held a First Aid qualification? YES/NO If YES, please give details with expiry date of most recent. Do you have any other relevant qualification/ experience? YES/NO If YES, please give details, include any courses attended, etc.	Personal Equipment Check Please tick Fell walking Boots <input type="checkbox"/> Headgear <input type="checkbox"/> , Gloves/Mitts <input type="checkbox"/> Whistle <input type="checkbox"/> Silva-type Compass <input type="checkbox"/> Polythene Survival Bag <input type="checkbox"/> Sling & Karabiner <input type="checkbox"/> Waterproof Cagoule <input type="checkbox"/> Waterproof Over-trousers <input type="checkbox"/> Personal sac <input type="checkbox"/> Headtorch <input type="checkbox"/> OS Maps Sheets 90 & 91 <input type="checkbox"/> Ice Axe <input type="checkbox"/> , Crampons <input type="checkbox"/>
Do you have a full current driving licence? YES/NO If YES, please give details of any endorsements. Have you ever been banned from driving, been refused driving insurance or been asked for extra premiums? YES/NO	
Do you have a criminal record? YES/NO (Delete as appropriate) If YES, please give details in accordance with terms of the Rehabilitation of Offenders Act.	
Have you suffered from diabetes, epilepsy, defective hearing or vision (not corrected by glasses / contact lenses), heart disease or any other condition, illness or physical disability? YES/NO (Delete as appropriate)	
Give the name of any current team member who could act as a referee for your application, if any:	
Declaration - I wish to be considered for membership of Penrith MRT and agree to abide by the conduct and constitution of the team. I understand the decision of the team is final in matters concerning membership. I have read and agree with the details in "Information for Prospective Members" and the team's constitution. Signed: Dated:	

