



Rossendale & Pendle MRT

OPERATIONAL TRAINEE APPLICATION FORM

* Membership of Rossendale & Pendle MRT is open to all persons between the ages of 18 and 70 deemed by the team to be suitable

Name D.O.B Male / Female

Address

Postcode

Telephone Home Work Mobile

Email

How and when would you like to be contacted?

Next of Kin

Name

Address

Postcode

Telephone

About You

Would you consent to a CRB check, Yes / No, if not please provide details.

Doctor's Name & Address

Postcode

Do you suffer from any physical / mental disabilities and medical conditions that the team doctor should be aware of?

If yes the team doctor will consult with you in private

Yes / No

How do you rate your general level of fitness? Good, Very Fit Reasonably Fit Not Fit At All

Do you have previous Mountain Rescue experience?

Vehicle Details

Do you have a valid driver's license?

Do you have any points? If yes please state what they are for?

Vehicle Make / Model Registration Number

Employer's Details

Name

Address

Postcode

Telephone



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Interests & Abilities

What prompted your application? _____

Do you have any previous charitable experience, and in what capacity? _____

Why do you want to become part of the Mountain rescue? _____

What would you class as your main outdoor activity?

Fell Walker

Rock Climber

Rambler

Mountaineer

Winter Mountaineer

How do you rate yourself working in a team? _____

Mix & work well

OK

Only if I have to

Don't like working with others

How do you rate your navigation skills using a map and compass? _____

Competent

Would appreciate a little tuition

Not used a map and compass before

Do you have any first aid knowledge? _____

No

Basic

Average

Advanced

What current certificate(s) do you hold? _____

How do you feel about working with ropes in an exposed situation? _____

Confident

Reasonably Happy

Would appreciate some practice

Would never be happy

Commitments

When are you able to attend? _____

Every Wednesday night for training

Call outs (any time or day)

Rescue cover for public events

Quarterly weekend exercises

Fundraising Events

How many hours per day can you commit to the team? _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Please attach photo identification

I understand that although this information is confidential, it will be made available to the police authorities on request.

Signed _____

Date _____

Team Use Only

Received for and on behalf of RPMRT by _____

Date _____

Acknowledgement sent by _____

Date _____

Interview Arranged _____

Comments _____

Please return your complete form to:

The Secretary
Rossendale & Pendle MRT
46 Clegg Street
Haslingden
Rossendale
Lancashire
BB4 5LW