



Course Booking Form

IMPORTANT INFORMATION:

- 1) When paying for a course, the entire course fee is payable immediately.
- 2) If you are booking on any National Governing Body course please ensure you are registered with the respective award and comply with the relevant pre-requisites as per the syllabus. Please tick here to confirm you have done so: []

If you do not you may not be able to participate on the course and no refund will be available.

Please send your completed Booking Form by post to:

Tollymore National Outdoor Centre, 32 Hilltown Road, Bryansford, Newcastle, Co. Down, BT33 0PZ or fax it to us : (028) 4372 6155 or alternatively scan and email to : livetheadventure@tollymore.com

Name of Course : _____

Course Date(s) : _____

We cannot confirm your place on any course until we receive the full course fee. The fee for my course is £_____

Prefix (Mr, Ms, Mrs): _____

Full Name : _____

Address Line 1: _____

Address Line 2: _____

Town : _____

Postcode. : _____

Email address : _____

Date of Birth : _____

Telephone (Home): _____ Telephone (Work): _____
(Mobile): _____

Details of any special dietary requirements, if applicable: _____

Name and telephone number of a person we can contact in the event of an emergency:

Name : _____

Tel: _____

MARKETING

How did you find out about this course? (Tick all that apply):

- Web search []
- Tollymore programme flyer []
- Magazine article []
- Facebook []
- Twitter []
- YouTube []
- Online Directories (OutdoorNI, Climbing, What's on NI, ISKA) Please detail_____
- Tollymore ezine []
- Personal recommendation []
- Other (please specify): Please detail_____

We will automatically send you regular email newsletters about Tollymore National Outdoor Centre. If you would prefer not to receive these newsletters, please tick here []

HEALTH AND PARTICIPATION

Do you have any illness, injury, disability or physical condition that may impact on your ability to participate on this course? Please tick Yes [] or No []. If yes please provide details below.

Disability : _____

Medical Condition : _____

Physical Condition : _____

Illness : _____

If you believe that any disability, physical condition, injury or illness may impact on your ability to fully take part on the course, you must seek advice from their doctor and obtain confirmation that you can participate.

PAYMENT

Please read the attached Terms and Conditions. If you are unsure about a conditions' relevance, please contact the Centre on (028) 4372 2158. Any disclosures will be treated in the strictest confidence.

MONITORING QUESTIONNAIRE

1. **Gender** (Please tick)
Male []
Female []

2. **Date of Birth** ____ \ ____ \ ____

3. **Marital Status** (Please tick)
Never married and never registered a same sex civil partnership []
Married []
Divorced []
Widowed []
Registered same sex civil partnership []
Separated, but still legally married []
Separated, but still legally in a same-sex civil partnership []
Same-sex civil partnership which is now legally dissolved []
Surviving partner from a same-sex civil partnership []

4. **Community Background** – Regardless of whether we practice religion, most of us in Northern Ireland are seen as either Catholic or Protestant. Please tick to indicate which community background you are a member of:
Catholic Community []
Protestant Community []
Neither the Protestant nor Catholic Community []

5. **Ethnic Origin** (please tick)
White []
Other [] Please detail: _____

6. **Disability:** Are your day to day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? (Please tick)
Yes, limited a lot []
Yes, limited a little []
No []

7. **Dependants:** Do you have personal responsibility for the care of someone? (Please tick)
A child (children) []
A person with a disability []
An elderly person(s) []
No dependants []

8. **Sexual Orientation** (Please tick)
Heterosexual/straight []
Gay/lesbian []
Bisexual []