



Brecon Mountain Rescue Team

Please reply to:
Mr. Nigel Dawson
21 Ashwood Drive
Gellinudd
Pontardawe
Swansea
SA8 3HL

APPLICATION FOR MEMBERSHIP

**Attach
Passport
Photo
HERE**

Full name: _____

Date of Birth: _____

Address: _____

Postcode: _____

Home Tel No: _____ Work Tel No: _____ Mobile No: _____

Email address: _____

Employer's Name: Place of work: _____

Have you got weekday, daytime availability? **Yes / No**

Are you available to be called from work? **Yes / No**

Are you available at weekends? **Yes / No**

If No, specify when not available: _____

Do you have a valid full Driving Licence? **OWN TRANSPORT ESSENTIAL** **Yes / No**

Do you meet all the application requirements detailed in the introductory letter? **Yes / No**

If No, please detail on a separate sheet.

It is expected that you already possess skills in hill craft and navigation prior to joining the team.

HILLCRAFT

- Are you a regular hill walker? Yes / No
- How many years hill walking experience do you have? _____
- In which areas have you hill walked ? _____
- Do you walk in winter conditions? Yes / No
- Do you have any climbing/mountain leadership qualifications? Please attach copies. Yes / No

NAVIGATION

- CAN YOU:** set and walk on a bearing? Yes / No
- use timing, pacing and waypoints as necessary to arrive
at a six figure grid reference in adverse conditions? Yes / No

- GENERAL:** Have you any previous Mountain Rescue experience? Yes / No
- If Yes, in which team and for how long? _____

- FIRST AID:** Do you have a current First Aid Certificate? Yes / No
- (can be obtained through the team)
- If Yes, give: the issuing body: _____
- the expiry date: _____
- NB attach a copy of any certificates.***

- Have you experience as a rock climber? (*for interest only*) Yes / No
- If so, to what standard? _____

Please give any other details or experience you have which you think may be useful in the operation of the Team.
Please use an additional sheet of paper if you need to.

INTAKE

Brecon Mountain Rescue have two intakes a year, This involves an evening Pre-assessment Which last approx. 2-3 hours.

DECLARATION:

I understand that mountain rescue is an active service that places considerable physical and mental pressures on those who participate; also, that it is my responsibility to inform the Team Leader of any health condition or change of health condition that may effect my safety and wellbeing whilst on mountain rescue training exercises and incidents or that may jeopardise the effective completion of a mountain rescue incident.

All information kept from this form will be in a database. This information will not be disclosed to any agencies outside mountain rescue. Signing this form indicates your acceptance of the above.

Sign name: _____

Print name: _____

Date: _____

BRECON MRT USE ONLY:

DATE RECEIVED: _____ DATE CONSIDERED: _____

Interview offered: Y N Interview Date: _____

Pre-assessment date _____ Accepted: Y N