



Medical details (please continue on a separate sheet if needed).

Pilgrim Bandits Charity			
Curtis Palmer Programme Application form			
First Name	Last Name	Date of birth	
Contact details			
Address	Email	Phone	
Emergency Contact details			
Name	Email	Phone	Relationship
Force Service details			
Service Number	Your Currant or Ex Unit - include address	PRO or Welfare Officer - include phone number	
Passport details - for overseas trips only			
Passport number	Nationality		Expiry date

Pilgrim Bandits Charity 17 Barrswood Road New Milton Hants BH25 5HS

Tel ; 01425 626598

Charity Number 1136166



Do you have or have you ever suffered from the following? If the answer is YES please provide further details:					
Epilepsy, fits or blackouts	YES	NO	Heart, chest or lung problems	YES	NO
Diabetes	YES	NO	Anxiety and/or depression	YES	NO
Recurrent ear or sinus problems	YES	NO	Blood disorders	YES	NO
Asthma	YES	NO	Allergies	YES	NO
Additional information:					
Detailed Injury, Injuries or condition:					
Medication currently being used:			Equipment you will require:		
			If you need your wheelchair please give Height, Weight and depth		
Other special requirements e.g. dietary			Name and address of GP or MO		
Can you share a room? YES NO					



Medical details
If you are a sufferer of PTSD or any Mental illness, please provide a letter from your currant Doctor, that you are fit to take part in any expedition. This letter would also need your Doctors Surgery Stamp on it.
If you are a sufferer of PTSD, would you like a carer to accompany you? Yes / No



Pilgrim Bandits Charity

RISK ACCEPTANCE FORM

We accept responsibility to make its expeditions as safe as is reasonably practicable. However, adventurous activities are inherently hazardous and cannot be completely risk free, however hard we try.

Accidents can happen without any contributory negligence from the charity or its staff. The charity can accept no responsibility for loss or damage to personal property or for personal injury not arising as a result of its own act or default.

I understand and accept the above statements and accept that I have a responsibility to take careful note of instructions and to act in a way that will minimise the likelihood of injury.

I am fit for the expedition and will inform the charity before the expedition of any special medical conditions that might affect my safety.

I declare that the information entered above is true at the date it was submitted:

I understand that I am representing the charity Pilgrim Bandits and will do nothing to bring the charity into disrepute. I also agree to wear the charity clothing supplied to help promote the charity when asked.

Print Name

Signature Date.....