



Booking Form

Section 1

Personal Details:

First Name: (as on passport)	Email:
Surname: (as on passport)	Date of birth: Age: Sex: / /19
Home address:	Business address:
Postcode:	Postcode:
Home telephone number:	Position in Company:
Work telephone number:	Experience Dates:
Mobile telephone number:	Destination

Section 2

Please answer all questions, **circling** the appropriate answer:

Have you ever suffered from any of the following:
asthma / epilepsy / diabetes

No/Yes (if yes, please specify which)

Have you any chronic or recurring joint problems?

No/Yes (if yes, please specify what)

Have you ever had back trouble?

No/Yes

Have you ever experienced any type of heart condition?

No/Yes

Do you suffer from any allergies?

No/Yes (if yes, please detail in the space below)

Do you or are you required to take any drug regularly
or intermittently?

No/Yes (if yes, please detail in the space below)

Have you ever suffered from any form of psychiatric illness / eating disorder? **No/Yes** (if yes, please detail in the space below)

Do you have any objection to any form of treatment e.g. immunisation or blood transfusion? **No/Yes**

Do you have any dietary requirements e.g. vegetarian, kosher? **No/Yes** (if yes, please detail in the space below)

Are you able to swim 50 metres, unaided, fully clothed? **No/Yes**

Section 3

Please set out, on a separate sheet if necessary, any other matter, ailments, medical conditions or circumstances that are not covered by the above questions which may be relevant in helping Farscape Development ensure your safety bearing in mind that Farscape Development has to draw up the plans and organise the logistics for this expedition.

Such information can have an effect on these logistics, other Overseas Learning Experience delegates and the Experience as a whole if additional measures required have not been catered for or protected against before the departure of the Experience.

In order to obtain insurance for you during the expedition, Farscape Development will have to pass the information you have provided in Section 2 and 3 to its insurers and medical advisors. Please sign below to agree to your details being used in this way. Unless we have your agreement to collect and use your data, Farscape Development cannot process your application. Farscape Development will not use this information other than for the reasons set out above and shall not forward this information to any other third parties without first obtaining your consent.

Section 4

Declaration by Applicant

“To my knowledge the details on this form are true and accurate. I have read, understood and accept the Booking Conditions which have been supplied to me and I apply for a place on this expedition”

Signed: _____

Date: _____

This form should be returned to Farscape Development Limited at the address below.

Farscape Development Limited, 148 Wells Road, Bristol, BS4 2AG
Telephone: 0117 370 1800 Email: info@farscapedevelopment.co.uk
Farscape Development Limited. Registered in England No: 5015961 Registered Office: Colkin House, 16 Oakfield Road, Clifton, Bristol, BS8 2AP
www.farscapedevelopment.co.uk