

Mountain Medicine Programme

**Application Form 2018 Entry**

Please note that your application form, and therefore contact details (including photos you send in with your Registration form), will need to be shared with Diploma faculty for administration purposes. Photos will also be used to compile student photo sheets for each module to be given to students and faculty/speakers attending the module and for use on our databases.

**Complete all sections in type or block letters.**

|  |  |
| --- | --- |
| **Contact Details** | |
| Title |  |
| First Name(s) |  |
| Surname |  |
| Male/ Female |  |
| Date of Birth |  |
| Address |  |
| Postcode |  |
| Email |  |
| Mobile |  |
| Home phone |  |
| Head and Shoulders digital photo | Please submit a digital copy of a head and shoulders photo along with your application. (This is a mandatory requirement) |

|  |  |
| --- | --- |
| **Medical Information** | |
| Dietary requirements/food intolerances |  |
| Drug Allergies |  |
| **If you have any current health problems or past medical history that could be relevant on the hills please leave details here.** *This will only be known to the Course Organisers or the course Director. If you wish to discuss this personally please let the office know* |  |

|  |  |
| --- | --- |
| **Next of Kin Details** | |
| Name of Next of Kin |  |
| Relationship to you |  |
| Mobile |  |
| Other landline numbers |  |
| Address, if different from yours |  |

|  |  |
| --- | --- |
| **Professional Information** | |
| Date of first registration with UK Health and Care Regulatory Bodies, or equivalent in your Country if not a UK Resident |  |
| Do you have an RCSEd account? (you will have received one if you have had any professional dealing with the College) |  |
| If so please note your College account username or number here. Or let us know if you have forgotten this. |  |
| Are you a registered Paramedic? |  |
| If yes, please note the date and name of your awarding institution. |  |
| Are you a registered Doctor? |  |
| Primary Medical Degree |  |
| Date and Place of Qualification |  |
| Number of GMC, HCPC, NMC, GDC etc. |  |
| Registered Address |  |
| Please list all Postgraduate Medical Qualifications with dates |  |
| If serving in armed services or reserves please give details of parent unit and your service number |  |
| Please list all relevant medical organisations memberships |  |
| Current Job and place of work |  |
| List all past relevant Jobs with dates, starting with most recent |  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Mountaineering Experience** | | | | | | | | |
| Applications to study the Diploma of Mountain Medicine are welcome from individuals with a wide range of interests and experience in the mountain environment. There are no rigidly defined levels of technical performance required to enter the program. However, the ability to look after yourself and use a range of basic skills in summer and winter conditions is required in order to participate fully in the programme.  A full description of mountaineering standards is available in the ‘**Student Application Info’** document accompanying this application.  The questions below are intended to help us understand your current levels of experience and we do not expect applicants to have extensive experience in all areas. All applications will be assessed on an individual basis and feedback given when appropriate. | | | | | | | | |
| Give an overview of your mountaineering experience. Please include your experience in summer walking, winter walking, trekking, climbing, Alpine mountaineering and expeditions. Experience on skis and other mountain related activities should be included. | | | |  | | | | |
| List any clubs, organisations to which you belong that are related to mountain activities. | | | |  | | | | |
| List any qualification that you hold related to mountain activities. | | | |  | | | | |
| Give **examples** of your most recent 10 Quality Mountain Days\*: | | | | | | | | |
| **Date**  **(or Year)** | **Area** | | **Route** | | **Comment**  **(Weather/ conditions)** | | | |
|  |  | |  | |  | | | |
|  |  | |  | |  | | | |
|  |  | |  | |  | | | |
|  |  | |  | |  | | | |
|  |  | |  | |  | | | |
|  |  | |  | |  | | | |
|  |  | |  | |  | | | |
|  |  | |  | |  | | | |
|  |  | |  | |  | | | |
|  |  | |  | |  | | | |
| \*A Quality Mountain Day:  *“In terms of experience, the quality of a mountain day lies in such things as the conditions experienced both overhead and underfoot, the exploration of new areas, the terrain covered and the physical and mental challenge. Such days make a positive contribution towards a person’s development and maturity as an all round mountaineer.*  *Usually some or all of these criteria would be fulfilled:*   * *the individual takes part in the planning and leadership* * *navigation skills are required away from marked paths* * *experience must be in terrain and weather comparable to that found in UK and Irish hills* * *knowledge is increased and skills practised* * *attention is paid to safety* * *five hours or more journey time* * *adverse conditions may be encountered”*   (Definition from Mountain Training website April 2017). | | | | | | | | |
| Give **examples** of the most recent graded rock climbs or scrambles you have climbed (if you have no experience in this area just put NONE): | | | | | | | | |
| **Date**  **(or Year)** | **Area** | **Route** | | | | **Grade** | | **Lead (L) or Second (S)** |
|  |  |  | | | |  | |  |
|  |  |  | | | |  | |  |
|  |  |  | | | |  | |  |
|  |  |  | | | |  | |  |
|  |  |  | | | |  | |  |
|  |  |  | | | |  | |  |
|  |  |  | | | |  | |  |
|  |  |  | | | |  | |  |
| Give **examples** of winter mountaineering routes and /or winter graded climbs that you have done (if you have no experience in this area just put NONE): | | | | | | | | |
| **Date**  **(or Year)** | **Area** | **Route** | | | | **Grade** | **Lead (L) or Second (S)** | |
|  |  |  | | | |  |  | |
|  |  |  | | | |  |  | |
|  |  |  | | | |  |  | |
|  |  |  | | | |  |  | |
|  |  |  | | | |  |  | |
|  |  |  | | | |  |  | |
|  |  |  | | | |  |  | |
|  |  |  | | | |  |  | |

|  |  |
| --- | --- |
| **Interest in the Programme** | |
| How did you hear about the Diploma in Mountain Medicine Course? |  |
| Why do you want to do the Diploma? What can you contribute? Please complete this section as comprehensively as possible and include a summary of main trips and routes in the UK and abroad with details of your role. Also give details of any specific mountain medicine projects, teaching, lectures etc. | |
| **Rationale for application:** | |

|  |
| --- |
| **Additional Information** |
| Please detail any educational need you may have that will help us provide the most positive learning environment (this will only be declared to course organisers and instructors / guides). |
|  |

Student Biography

Please provide a short biography (25 – 50 words) for inclusion in the Student Biography sheet issued to students and tutors on the programme.

|  |  |
| --- | --- |
| **Biography** |  |

Student Release Form

**British Mountaineering Council (BMC) Participation Statement**

"The BMC recognises that climbing, hill walking and mountaineering are activities with a danger of personal injury or death. Participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement."

I understand that participation in the above event or activity could include actions or tasks which might be hazardous.

Insurance

Students must be insured whilst undertaking Modules 1 - 4. They are advised to obtain insurance cover from the British Mountaineering Council or equivalent organisation in their home country as ordinary insurance is not adequate. Students are further advised to insure themselves against any eventuality which may result in inability to complete a module as once begun, module fees are non-recoverable.

|  |  |
| --- | --- |
| (Please tick)  ⬜ | I agree that I assume any risk of harm or injury which might occur with my participation in the programme activities. I release the Royal College of Surgeons of Edinburgh and their representatives from all liability, costs and damages which might arise from my participation in the Mountain Medicine Programme. |
| (Please tick)  ⬜ | I acknowledge that I understand that it is my responsibility to obtain adequate insurance to cover my travel to and attendance at activities on this programme and I confirm that I will have this insurance in place by the time I start on the programme. |

|  |  |
| --- | --- |
| **Signed:** |  |
| **Print Name:** |  |
| **Date:** |  |

Registration Fee

A Non-refundable registration fee of £50 is payable. (This applies to first 40 student applications only.) *Students who don’t make the short list or waiting list* ***will not be charged*** *the administration fee.*

|  |  |
| --- | --- |
| **Registration Payment Method** | |
| Please indicate below how you wish to pay for the £50 Registration Fee should you be successful in submitting your application in time to make the short or waiting lists.  **Please Note:** Please wait until you have had email confirmation that you have a place on one of the lists before making your payment. | |
| ⬜ | I wish to pay my £50 Registration Fee by Credit Card  *Please Phone* ***+44 (0) 131 527 1732*** *to pay by credit or debit card (there is no card charge for this service)* |
| ⬜ | I will forward on a cheque to the value of £50  ***Please Note:***  *cheques should be made payable to* **Hill Square Educational Trust** *– Please write on the back of your cheque, your* ***name****,* ***Mountain Medicine Registration Fee*** *and reference* **02/170/7060/17J4** and mail for the attention of Lucy Graves to:  ***The Faculty of Pre-Hospital Care***  *The Royal College of Surgeons of Edinburgh*  *Nicolson Street,*  *Edinburgh*  *EH8 9DW* |
| ⬜ | I wish to pay my £50 Registration Fee (plus £7 bank fee) by BACS  ***Important Note:*** *Your Bank will charge the College a £7 fee for using BACS Please include the bank fee with your payment.*  ***Use Reference: 02/170/7060/17J4****:*    *Royal Bank of Scotland*  *Account Number: 10089096 Sort Code: 83-19-19*  *Swift (BIC) Number: RBOS GB 2L*  *IBAN: GB04 RBOS 83191910089096* |

Application Checklist

|  |  |
| --- | --- |
| ⬜ | Have you read and understood the [entry requirements](https://fphc.rcsed.ac.uk/education-resources/mountain-medicine/faq/answers#FAQ3) and provided sufficient information in your application to evidence that you have met these? |
| ⬜ | Have you read and understood the [Mountain Skills experience](https://fphc.rcsed.ac.uk/education-resources/mountain-medicine/faq/answers#FAQ2) required and provided sufficient information in your application to evidence that you have met these? |
| ⬜ | Have you attached a digital head and shoulders photo of yourself with your email application? |
| ⬜ | Have you electronically signed (by ticking the boxes) the Student Release and Insurance sections of the form?  *(Applications cannot be accepted without accepting both)* |