

# Mountain Medicine Programme

## Application Form 2019 Entry: CONFIDENTIAL

Please note the content of your form will be shared with Diploma in Mountain Medicine administrators and staff for the purposes of assessing applications. If your application is successful, appropriate aspects of this information will be made available to module organisers ahead of residentials on a confidential need to know basis. Photos and biographical information will be used to compile attendee sheets for each module to be circulated to other students and staff. Your data will also be anonymised for use in internal reporting of student demographics and held securely by RCSEd for the duration of your studies.

**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)

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

**Medical Information: This information will be made available only on a need to know basis for the organisation of residential modules**

<b>If you have any current health problems or past medical history that could be relevant on the hills please leave details here.</b>	
Dietary requirements/food intolerances	
Drug Allergies	

**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.	
<b>Rationale for application:</b>	

### 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). If English is your second language, please also indicate that here.

# 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.

<b>Biography</b>	
------------------	--

# 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."*

(Please tick) <input type="checkbox"/>	I understand that participation in the above event or activity could include actions or tasks which might be hazardous.
<b>Signed:</b>	
<b>Print Name:</b>	
<b>Date:</b>	

# 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) <input type="checkbox"/>	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) <input type="checkbox"/>	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	
<p>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.</p> <p><b>Please Note:</b> Please wait until you have had email confirmation that you have a place on one of the lists before making your payment.</p>	
<input type="checkbox"/>	<p>I wish to pay my £50 Registration Fee by Credit Card  <i>Please Phone +44 (0) 131 527 1657 to pay by credit or debit card (there is no card charge for this service)</i></p>
<input type="checkbox"/>	<p>I will forward on a cheque to the value of £50  <b>Please Note:</b>  <i>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 Ellen Asquith to:</i></p> <p style="text-align: center;"><b>The Faculty of Pre-Hospital Care</b>  <i>The Royal College of Surgeons of Edinburgh  Nicolson Street,  Edinburgh  EH8 9DW</i></p>
<input type="checkbox"/>	<p>I wish to pay my £50 Registration Fee (plus £7 bank fee) by BACS  <b>Important Note:</b> <i>Your Bank will charge the College a £7 fee for using BACS Please include the bank fee with your payment.</i>  <b>Use Reference: 02/170/7060/17J4:</b></p> <p style="text-align: center;"><i>Royal Bank of Scotland  Account Number: 10089096 Sort Code: 83-19-19  Swift (BIC) Number: RBOS GB 2L  IBAN: GB04 RBOS 83191910089096</i></p>

# Application Checklist

<input type="checkbox"/>	Have you read and understood the <a href="#">entry requirements</a> and provided sufficient information in your application to evidence that you have met these?
<input type="checkbox"/>	Have you read and understood the <a href="#">Mountain Skills experience</a> required and provided sufficient information in your application to evidence that you have met these?
<input type="checkbox"/>	Have you attached a digital head and shoulders photo of yourself with your email application?
<input type="checkbox"/>	Have you electronically signed (by ticking the boxes) the Student Release and Insurance sections of the form? <i>(Applications cannot be accepted without accepting both)</i>