



# 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 has two intakes a year, (Dates to be confirmed). 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 Offered: **Y** **N** Assessment date: \_\_\_\_\_

Passed : **Y** **N**