Volunteer Walk Leader Training Booking Form

Tuesday 17 March 2020 9.30am to 4.30pm
Basingstoke and Deane Borough Council Offices, London Road, Basingstoke, RG21 4AH

Your details
Name...........................................................................................................................................................................
Address...........................................................................................................................................................................
.........................................................................................................................................................................................
Postcode........................................................................
Tel........................................................................
Mobile........................................................................
Email..................................................................................................................................................................................

Why are you applying to be trained as a health walk leader?
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Which walk or walks do you currently attend?
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Which walk or walks are you interested in leading or back marking for?
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How often would you like to lead or back mark? (please select one answer)
 o Several times per week
 o Once per week
 o Once or twice a month
 o A few times a year
 o Not sure
Do you have any other experience, skills or interests you would like to mention? e.g. First aid, member of a local history group, wildlife trust

Do you have any special requirements when attending a training course? Please give details

Refreshments are provided. Please bring with you your own lunch for the day.

Using and sharing your information
Your information will be held by Basingstoke and Deane Borough Council in order to update you on the training and issue your certificate. Under the General Data Protection Regulation (GDPR) your information will not be shared with any other parties. Once certificate has been administered, your details will be deleted.

Are you happy for Basingstoke and Deane Borough Council to keep your details for the training administration purposes only Yes / No*

Signed:............................................................Date:...........................................

Please return this form:

by post
Elinor Gold
Health and Wellbeing
Basingstoke and Deane Borough Council
London Road
Basingstoke
RG21 4AH

by email
elinor.gold@basingstoke.gov.uk

or to talk to someone about the training call:
01256 845284