# 

# Mountaineering Scotland

# Coaching &/or Route Setting Service

# Provider Information Form

(Please ‘check’ the appropriate boxes above – double click on it)

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| Section A – Personal Details | | | |
| Title |  | Date of Birth |  |
| Full Name |  | | |
| Home Address |  | | |
| Postcode |  | | |
| Telephone | (Home) | | (Work) |
|  | (Mobile) | | |
| Email |  | | |
| Website |  | | |
| Facebook |  | | |
| **Mountaineering Scotland Membership** | | Individual No / or club: | |

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| Section B: Personal Climbing Skills and Achievements |
| *Please provide detail on current Red-Point grades, boulder/Roped:* |

|  |  |  |  |
| --- | --- | --- | --- |
| Section C: Teacher / Coach / Instructor / Other Relevant Qualifications | | | |
| Qualification | Sport/Activity | Awarding Body | Date Awarded |
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| **Section D: Instructing Coaching & Route-setting Experience**  **(nature of experience, where, with whom)**  **Include: Presentational Skills & Coaching Skills experience** |
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| Section E – Relevant Training / CPD | | | | | |
| Training Course | | **Provided By** | | **Dates** | **Certificate**  **(Please tick)** |
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| **SECTION F – PVG Scheme Membership** | | | | | |
| Are you a PVG Scheme Member for regular work with children? Yes  No | | | | | |
|  |  | |  | | |
| Scheme Record Date of Issue: |  | | | | |

|  |  |
| --- | --- |
| Working with which organisation? |  |
|  | |
| PVG Scheme Membership Number: |  |
|  | |
| If No  Any previous CRBS Checks? |  |

NB: MScot will arrange, free of charge, PVG Scheme membership for all its volunteers, route setters and coaches.

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| **Section G – Insurance** |

Do you have your own insurance cover for the following?

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| --- | --- | --- |
| Public Liability Insurance Cover (provided) | Yes | No |
| PPL License (where appropriate) | Yes | No |
| Personal Accident Insurance | Yes | No |
| First Aid certificate | Yes | No |

(NB: MScot Membership gives PLI Insurance cover to coaches & route-setters and is a pre-condition for working for MScot)

**Section H: References**

Please give names, designations and addresses of two persons who have agreed to provide a reference for you. You should know both references in an employment / professional capacity for at least 3 years and one should be your present employer or client (If appropriate).

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| --- | --- |
| Name:  Address:  Designation:  Telephone Number:  Email: | Name:  Address:  Designation:  Telephone Number:  Email: |

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| --- |
| Relevant Further Information: |

**Data Protection Act 1998**

The MScot is a registered Data Controller with the Information Commissioner’s Office.

I accept the information on this form will be used for the purposes of selection for supply of coaching and/or Route Setting services. MScot will retain the data supplied as long as it is required for the supply of coaching and/ or Route Setting services.

To the best of my knowledge and belief, the statements contained in this application are true. I understand that withholding or misstating of facts may result in refusal or termination of the agreement with MScot.

Signed: …………………………………. (print name or insert signature scan) Date: …………………………….

Updated: ………………………………………………………………………………….………………..

**Please return the form by email together with scans of any relevant teaching/sport qualifications and training course certificates, to Mountaineering Scotland: Jack@mountaineering.scot**